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ABSTRACT

This monograph presents the proceedings of two symposia on assistive technology for people with disabilities in Hawaii, American Samoa, Guam, the Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands, and Palau. Following an overview, Sections 1 and 2 contain the presentations and discussions which took place during the two symposia. Issues addressed in the presentations include: a description of the Technical Assistance Project of the Rehabilitation Engineering Society of North America, including information on systems change, strategies for data collection and utilization, collaboration, and attitudes of providers; reporting protocols of the National Institute on Disability and Rehabilitation Research for State Tech Act Projects; jurisdiction presentations; practical applications of database management; practical applications of assistive technology, including information on Pacific Basin strategic planning for assistive technology; the status of assistive technology in the Pacific; local adaptations for assistive technology; telestaffing applications and demonstrations; and practices in assistive technology in the Pacific region. A composite of the Jurisdiction Action Plans for the seven Pacific jurisdictions is provided. Section 3, on outcomes and commitments, offers an epilogue containing jurisdictional updates. Symposia agendas, participant lists, and symposium evaluation and demographic data are attached. (CR)

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INTERWORK INSTITUTE

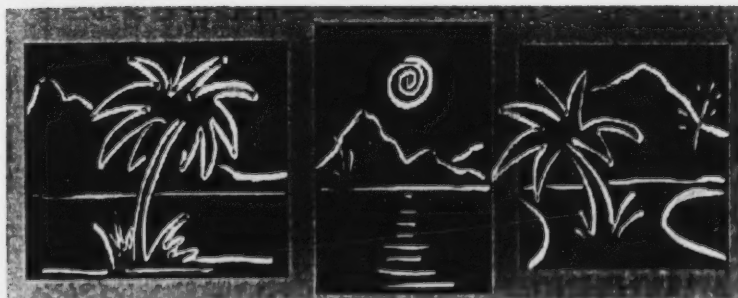
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ASSISTIVE TECHNOLOGY IN THE PACIFIC SYMPOSIA PROCEEDINGS



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SYMPOSIA PROCEEDINGS

**Assistive Technology in the Pacific:
Leading the Challenge**

May 14 - 16, 1995

San Diego, California

&

**Assistive Technology in the Pacific:
Future Directions**

December 3-6, 1995

Agana, Guam

Compiled and Edited by:

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San Diego, CA

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TABLE OF CONTENTS

FOREWORD	I
ACKNOWLEDGMENTS	III
ACRONYMS	V
OVERVIEW	VII
ASSISTIVE TECHNOLOGY SYSTEMS CHANGE: A CHALLENGE	viii
PARTICIPATORY ACTION RESEARCH FOCUS	ix
OUTCOMES OF THE SYMPOSIA	x
A. <i>Linkage with NIDRR-Funded AT Projects in the Pacific</i>	x
B. <i>Locally Driven Priorities for AT and Rehabilitation Research</i>	x
C. <i>Established and Committed to Support Local Capacity</i>	xi
D. <i>Proceedings that Document Regional Potential</i>	xi
PHOTOGRAPHIC JOURNAL	xii

SECTION 1: ASSISTIVE TECHNOLOGY IN THE PACIFIC: LEADING THE CHALLENGE

INTRODUCTIONS AND CHARGE TO THE GROUP	1
RESNA TECHNICAL ASSISTANCE PROJECT	4
BACKGROUND	4
INTRODUCTION	5
METHODOLOGY	5
CHANGES TO THE INSTRUMENT	5
DISCUSSION POINTS	8
A. <i>Conceptualize the Change Process From the Onset</i>	8
B. <i>Systems Change</i>	9
C. <i>Strategies for Data Collection</i>	9
D. <i>Usefulness of Data</i>	9
E. <i>Collaboration</i>	10
F. <i>Attitudes</i>	11
SUMMARY POINTS	12

NIDRR REPORTING PROTOCOLS FOR STATE

TECH ACT PROJECTS 13

INTRODUCTORY COMMENTS..... 13

QUESTIONS POSED TO MS. COHEN 14

DISCUSSION ON DRAFT 7 REPORTING PROTOCOL AND INSTRUMENT 15

DISCUSSION POINTS 17

A. *Creating Databases*..... 17

B. *Jurisdiction Data Gathering Efforts*..... 17

QUESTIONS POSED TO DR. SHEEHAN 18

JURISDICTION PRESENTATIONS 21

DISCUSSION PARAMETERS..... 22

INDIVIDUAL PRESENTATIONS 22

Guam System for Assistive Technology (GSAT) 22

CNMI System for Technology-Related Assistance for

Individuals with Disabilities (STRAID) 24

American Samoa System for Assistive Technology Project (ASATP) 25

Hawaii Assistive Technology and Training Systems (HATTS) Project..... 26

Republic of Palau: Issues in Assistive Technology..... 28

PRACTICAL APPLICATIONS OF DATABASE

MANAGEMENT 30

INTRODUCTION 30

DISCUSSION POINTS 34

PRACTICAL APPLICATIONS OF ASSISTIVE

TECHNOLOGY 35

TECHNOLOGY USE, APPLICATION AND ASSESSMENT..... 35

DISTANCE APPLICATION OF TECHNOLOGY FOR LIFE LONG LEARNING ... 39

A. *Introduction* 39

B. *Capacities at the Interwork Institute*..... 40

C. *Discussion Points*..... 42

PACIFIC BASIN STRATEGIC PLANNING FOR ASSISTIVE TECHNOLOGY 43

A. *Common Themes in AT Across the Pacific* 44

B. *Regional Concerns Around AT*..... 44

C. *Data Collection and Outcomes* 46

SECTION 2: ASSISTIVE TECHNOLOGY IN THE PACIFIC: FUTURE DIRECTIONS

INTRODUCTION & OVERVIEW	50
WHERE ARE WE WITH ASSISTIVE TECHNOLOGY IN THE PACIFIC?	53
INTRODUCTION	53
WHAT DO WE KNOW ABOUT AT IN THE PACIFIC?.....	54
WHERE DO WE GO FROM HERE?	59
THE STATUS OF ASSISTIVE TECHNOLOGY IN THE PACIFIC: JURISDICTION PRESENTATIONS	61
SUGGESTED CONTENT OUTLINE	61
JURISDICTION PRESENTATION	62
<i>Hawaii</i>	62
<i>American Samoa</i>	63
<i>Guam</i>	64
<i>Federated States of Micronesia</i>	65
<i>Commonwealth of the Northern Mariana Islands</i>	66
<i>Palau</i>	66
<i>Republic of Palau AT Jurisdiction Presentation Paper</i>	67
LOCAL ADAPTATIONS FOR ASSISTIVE TECHNOLOGY: HIGHLIGHTS OF A DISCUSSION.....	70
TELESTAFFING APPLICATION & DEMONSTRATION: A PILOT STUDY	73
NEED	73
PROPOSED SERVICE CONCEPT OF TELESTAFFING	73
PROPOSED ACTIVITIES FOR ESTABLISHING PACIFIC-WIDE REHABILITATION TELESTAFFING	74
MANPOWER AND DOLLAR REQUIREMENTS	75
APPLICATION OF TELESTAFFING FOR ASSISTIVE TECHNOLOGY IN AMERICAN SAMOA	76
INTRODUCTION	76
THE PROCESS.....	76
THE CASE STUDY	78

PROBLEMATIC AREAS TO THIS PROTOCOL	78
PACIFIC PRACTICES IN ASSISTIVE TECHNOLOGY	79
HAWAII VENDORS AND ENTREPRENEURS CONFERENCE: A DREAM	79
<i>Introduction</i>	79
<i>The Hawaii Vendors' Point of View</i>	82
CONSUMER DRIVEN ASSISTIVE TECHNOLOGY BOARD: <i>GUAM GSA</i>	84
<i>A. Introduction</i>	84
<i>B. Important concepts for consumer involvement in process and project</i>	84
<i>C. How we got started</i>	84
<i>D. What we've learned, how does this effect our future, and where are we headed</i>	85
<i>E. Summary</i>	88
CNMI COLLABORATING FOR SYSTEMS CHANGE	89
<i>A. Introduction</i>	89
<i>B. Protection and advocacy involvement</i>	89
<i>C. Collaboration: An educational perspective</i>	90
COMPREHENSIVE TRACKING SYSTEM FOR INDIVIDUALS WITH DISABILITIES IN AMERICAN SAMOA	91
JURISDICTION ACTION PLAN DEVELOPMENT	93
INTRODUCTION	93
PARTICIPATORY ACTION RESEARCH - IMPLICATIONS FOR AT	93
COMMENTS ON PAR - CULTURAL IMPLICATIONS.....	94
<i>A. Application of the 3-R Research Process</i>	95
<i>B. Jurisdiction Team Work Sessions</i>	96
JURISDICTION ASSISTIVE TECHNOLOGY ACTION PLANS: A COMPOSITE	97

SECTION 3: OUTCOMES AND COMMITMENTS

EPILOGUE	103
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ATTACHMENTS

#1: SYMPOSIA INTRODUCTIONS, AGENDA, AND PARTICIPANT LISTINGS

San Diego Symposium

<i>WELCOME</i>	106
<i>GOAL & OBJECTIVES</i>	108
<i>AGENDA</i>	109
<i>PARTICIPANT LIST</i>	110

Guam Symposium

<i>GOAL & OBJECTIVES</i>	112
<i>AGENDA</i>	115
<i>PARTICIPANT LIST</i>	117

#2: SYMPOSIUM EVALUATION & DEMOGRAPHIC DATA

DEMOGRAPHIC & EVALUATION SUMMARIES	123
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FOREWORD

This proceedings document is an affirmation of the positive work being conducted in seven Pacific jurisdictions in the area of rehabilitation and specifically Assistive Technology (AT). The following offers an appreciation and understanding for research, training, and technical assistance outcomes. This document also reflects the RRTCP's process for inquiry regarding Assistive Technology in the Pacific with its constituents who are intimately involved in this effort on a daily basis. A tremendous amount of essential information was collected including formal presentations, key discussion points, and issues raised at the symposia on Assistive Technology in the Pacific. The Jurisdiction Action Plans which resulted from the second symposium will further guide research, training, and technical assistance efforts of the AT projects, Research Training Associates (RTAs) in each of the jurisdictions, and the RRTCP at SDSU.

The process for compiling these proceedings included the review of audio and videotaped sessions, written materials such as discussion notes, transcribed materials, and handouts. A major synthesis of this collection was conducted by the editor to arrive at this end product. As much as possible, verbatim discussions are offered. Some of the recordings were inaudible thus making parts of the transcription difficult to gather. However, this editor has been able to capture the essence of all discussions conducted at both symposia.

The proceedings document is divided into three major sections and attachments. **Sections 1 and 2** contain presentations conducted during the two symposia. The presentations follow the order of events at each gathering. Each presentation has a title (heading) and the speaker/presenter is identified. A *note* is offered on all presentations that require additional editorial explanation on the content or information presented. At the end of each major presentation are **discussion points** addressed by the presenter(s), *comments from participants* are italicized and *questions posed by participants and/or RRTCP staff* are also italicized. In some sections, a

summary of the key points discussed is provided to capture the essence of the discussion.

Section 1 addresses the first AT symposium, held in San Diego, with AT directors and coordinators in the Pacific. We videotaped and audiotaped the entire three days of the symposium. The tapes were transcribed and the discussions were edited for reader ease. The presentations are given here in a narrative format. Each narrative was sent to the presenters for comments, edits, and approval. Aside from a written response from Mr. Scott Katz, Ministry of Health in Palau, no other written presentations were gathered. Much of the information in **Section 1** is edited from the verbatim transcripts.

Section 2 contains the discussions held during the second AT symposium which took place on Guam. This symposium was recorded (audio only) and a note taker for each presentation and discussion session was appointed. The information presented has also been edited for inclusion in this document. During this event a discussion regarding the use of locally made adaptations and devices occurred. Although not listed on the agenda, the discussion is included because of the high level of interest in the subject and the identification of local efforts to promote the use of locally made products as well as the creative means through which service providers are addressing individual consumer needs.

Section 3, provides an update on the efforts of each jurisdiction in addressing AT since the December symposium on Guam, the response from the RRTCP in addressing the actions plans, and the compilation of the Jurisdiction Action Plans for assistive technology.

Attachment #1 contains the symposia agendas, goals and objectives, photos, and participant listings. **Attachment #2** provides symposium evaluation & demographic data.

The thoroughness of this document gives the reader a current perspective of assistive technology in the Pacific as discussed and presented by people who live and work in the Pacific and the people who work with the Pacific jurisdictions. The following is more than a record of meetings, it is an account of the RRTCP participatory action research process in assistive technology with consumers, providers, and educators from the Republic of Palau, the Republic of the Marshall Islands, the Commonwealth of the Northern Marianas, American Samoa, Guam, the Federated States of Micronesia, and Hawaii. This is their collective effort to enhance rehabilitation in the Pacific through assistive technology.

ACKNOWLEDGMENTS

Since the development and implementation of the Rehabilitation & Research Training Center of the Pacific (RRTCP) at SDSU, we are committed to a process that requires getting to know people and their needs, issues, wants, and dreams regarding rehabilitation and disability in the Pacific. We continue to operate in this fashion because we know as Pacific Islanders that relationship building, establishing a common bond and insuring a common understanding are essential if we are to make a difference in the Pacific. This record document is a discussion and inquiry about assistive technology with persons in the Pacific, on the mainland (continental U.S.), and at the RRTCP. This document is a tribute to these efforts and those yet to come.

We sincerely appreciate the efforts of the AT Project Directors and Coordinators (*Barbara Fischlowitz-Leong, Edmund Pereira, Madelyn Camacho, and Ben Servino*) in the Pacific who are committed to advancing the awareness of AT in their jurisdictions, and throughout the region. They continue to be the leaders in "pushing the envelope" for AT awareness and understanding. Their willingness to collaborate with us from the onset has been of tremendous help.

We are appreciative of the collaboration with RESNA, specifically *Nell Bailey and Barbara Crawl*. The availability of *Dr. Rob Seehan* and *Ms. Carol Cohen* via teleconference to provide guidance and dialog regarding the efforts of NIDRR and its proposed data collection instrument (*Draft 7*) and RESNA's TA efforts to the State "Tech Act" Projects was beneficial.

Special thanks and Fa'amalo are extended to the *GSAT members* and their support of the AT Symposium on Guam, especially *Ben Servino, Tony Prieto, Rodney Priest, and Bob Jahier*. The UOG, UAP Director *Dr. Heidi San Nicholas* and *Dr. Steve Spenser* deserve recognition for their support and willingness to collaborate with the RRTCP. The welcome committee and the

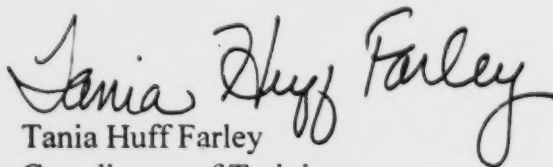
and willingness to collaborate with the RRTCP. The welcome committee and the warm hospitality you all extended on Guam really set the tone for the symposium. We felt welcomed and energized.

The RTAs in each jurisdiction, *Magdalena Hallers, FSM; Hermann Scanlen, American Samoa; Stan Yamada, Hawaii; Roy Fua, CNMI; Rodney Priest, Guam; Francis Keip and Scott Katz, Palau*; are our eyes, ears, and hearts in rehabilitation locally and regionally. Your participation in this collective effort is applauded. The model for participatory action research (PAR) in the Pacific is a reality with your involvement. We welcome your commitment and continued guidance in rehabilitation and in the efforts of the RRTCP at-SDSU.

Our colleagues at the Interwork Institute who continue to share experiences, knowledge, and expertise as well as being open to new ways of looking at and doing things are greatly appreciated. *Caren Sax, Tom Turner, Peter Crocker, and Jack Hanzlik*. Additionally the RRTCP Team, *Dr. Fred McFarlane* for his support in this effort, *Dr. Kenneth Galea'i* for encouraging the learning process and providing the opportunity for success, *Janet Guerrero* for keeping us statistically correct, *Mark Fillebrown* for his willingness to jump right in, and *Danielle Mosier*, for her energy and commitment to go the extra mile to do things right. Thank you all!

Finally, a special thanks and fa'amalo to Linda Arellano for the final compilation of this manuscript including formatting, editing and adding her personal touch of excellence. I am deeply grateful.

Fa'afetai tele lava mo le feso'asoani



Tania Huff Farley
Coordinator of Training
RRTCP, SDSU

ACRONYMS

Note: The following comprehensive list of acronyms is used extensively throughout the Pacific Rehabilitation Community. It is provided here as a guide for our readers.

AS	American Samoa
ASATP	American Samoa Assistive Technology Project
ASCC	American Samoa Community College
ASNAP	American Samoa Nutritional Assistance Program
AT	Assistive Technology
BBS	Bulletin Board Service
CAP	Client Assistance Program
CMA	Communication Manufacturers Association
CNMI	Commonwealth of the Northern Mariana Islands
COM	College of Micronesia
CSUN	California Statue University, Northridge
DD	Developmental Disabilities
DDC	Developmental Disabilities Council
DLTT	Distance Learning Through Telecommunications, SDSU
DOE	Department of Education
DVR	Department of Vocational Rehabilitation
FSM	Federated States of Micronesia
GCC	Guam Community College
GCPWD	Guam Community Public Works Department
GIAS	Goodwill Industries of American Samoa
GSA	Guam General Services Administration
GSAT	Guam System for Assistive Technology
HATTS	Hawaii Assistive Technology Training and Services
HCIL	Hawaii Center for Independent Living
IDEA	Individuals with Disabilities Education Act

IWRP	Individual Written rehabilitation Program
JAN	Job Accommodations Network
LSC	Local Steering Committee
LTM	Leadership and Technology Management Training
MIP	Medically Indigent Program (Guam)
MOU	Memorandum of Understanding
NIDRR	National Institute on Disability and Rehabilitation Research
NIH	National Institutes of Health
NMC	Northern Marianas College
OMB	Office of Management and Budget
OPAD	Office of Protection & Advocacy for the Disabled
P & A	Protection and Advocacy
PAR	Participatory Action Research
PREL	Pacific Regional Education Laboratory
PT	Physical Therapy
PTC	Pacific Telecommunications Council
RAC	Rehabilitation Advisory Council
RESNA	Rehabilitation Engineering Society of North America
RMI	Republic of the Marshall Islands
RRTCP	Rehabilitation Research and Training Center of the Pacific, Interwork Institute, San Diego State University
RTA	Research and Training Associate
SCAP	Systems Change Action Plan-LTM Training/CSUN
SCIL	Samoan Center for Independent Living
SDSU	San Diego State University
SILC	Statewide Independent Living Council
STRAID	System of Technology-Related Assistance for Individuals with Disabilities
TA	Technical Assistance
TAOA	Territorial Administration on Aging
UAP	University Affiliated Programs
UH	University of Hawaii
UOG	University of Guam
VR	Vocational Rehabilitation

OVERVIEW

Symposia on Assistive Technology in the Pacific: A Participatory Approach, 1995-1996

Fred McFarlane, Ph.D. and Kenneth E. Galea'i, Ph.D.

These symposia began the dialogue to foster and develop a comprehensive approach to Assistive Technology (AT) throughout the Pacific and demonstrated how a participatory approach to research in the Pacific is unique, expansive, and inclusive.

Beginning with collaborative discussions about coordinated activities related to AT through projects in the Pacific funded by NIDRR, we convened two intensive sessions where the status of AT in the Pacific was discussed, studied, and analyzed. The formats for these sessions included presentations by participants from jurisdictions in the Pacific and the RRTCP, forums, consultation, and group processing. The strategic analysis of factors included a wide span of content areas such as the implications of the large and diverse Pacific geography, economic development, service systems, and island cultures. These interactions regarding the diverse factors formed the core of data for scrutiny and inquiry.

Prior to convening the two sessions, phone conferences, memoranda, minutes of meetings, and both formal and informal follow up by the **RRTCP staff** set the content focus directly related to the NIDRR funded programs and initiatives. The AT Project Administrators from the Pacific participated in the first session in May 1995 at the symposium held in San Diego, California. They offered insights to the challenges of leading systems change-oriented projects with federal government directions, changing legislation, and no formal reporting protocol on AT use or access for the country. These programmatic challenges to the AT Projects are significant from the perspective of an organization being charged with a mandate of affecting systems change. There was no consensus nationally for how

systems change was defined, measured, or reported for a community, a state, or a nation.

ASSISTIVE TECHNOLOGY SYSTEMS CHANGE: A CHALLENGE

The challenge for the AT Projects in the Pacific is truly immense. The administrators described how they were addressing issues unique to the islands and struggling with the same reporting and documentation processes that other administrators across America are facing. Systems change in the islands, upon closer scrutiny, means much more than completing federal reporting forms and complying with rules and regulations. Given the diversity of the Pacific, the immediate dearth of AT-specific data within the projects, and the requirement for a comprehensive and inclusive approach to systems change in the islands, the need for a second session was evident.

The second session was held on Guam in December 1995. This session convened a larger spectrum of participants, perspectives, involvement, and support. At the second session, a delegation from each jurisdiction included providers, consumers, educators, elected officials, and others. These delegations were sensitive to the nuances of their individual jurisdictions. The session, sponsored by the RRTCP, followed the same "pre-symposia" participatory processes for solicitation and structure. Prior to the sessions, the **local Research and Training Associates¹** met with AT Project Administrators to discuss the symposium. RRTCP staff structured protocols for the delegations to review and format formal presentations. The uniform presentation protocols provided a consistent model for issues to be addressed and explored, solutions to be posed, and analyses to be conducted by experts in the Pacific.

The symposia provided a forum for Pacific islanders to produce well developed ideas in response to the specific issues related to AT in the Pacific. After materials and resources were disseminated and a baseline of information provided, the members of each delegation produced specific action plans for development and improvement of AT in the islands where they live. These plans included jointly developed strategies for research, training, technical assistance, and information dissemination. At the December session, participants presented papers on the perceptions of the

¹ Research and Training Associates are professionals hired locally in the jurisdictions to coordinate rehabilitation research and training functions in concert with the local steering committees established with the Center across the seven jurisdictions.

issues affecting AT access, use, and satisfaction from various perspectives. The symposium perspectives included those of consumer, practitioner, and researcher.

The Pacific islander consumer perspective highlighted the need for real solutions, a personal knowledge of disability, a sensitivity to the effects of disability, and a passion to address the issues and solutions. The practitioner perspective was based on a knowledge of the applications in the jurisdiction, a reality of the constraints and barriers, and experience with disability needs and potential. The perspective of the researcher, in the form of the staff from the RRTCP, was based on a participatory action research model of inclusion that seeks improvements of apparent and immediate value.

The RRTCP convened focus group discussions with AT leaders and rehabilitation community representatives. These discussions served as an additional data set for the symposium. RRTCP staff gathered current research and training references to disseminate to the participants, and prioritized the content for the sessions. The collection of information and its dissemination reflected the researchers' appreciation for objectivity and scientific processes, technical training, research skills, and a desire for knowledge about real solutions.

PARTICIPATORY ACTION RESEARCH FOCUS

The RRTCP focuses on research which provides improvements of apparent and immediate value. Qualitative contributions to individual attainments are considered of great importance in our efforts to conduct rehabilitation research for service systems to identify, document, and determine improvements for services to persons with disabilities in the Pacific. The implementation of the symposia on AT in the Pacific is an example of our research intervention through a participatory action research approach. Through focus groups, the process for targeting the critical elements for a comprehensive approach to strategies across the Pacific on AT was initiated during the first year of the RRTCP. This process maximized the involvement and participation of the consumer of the research in the policies, practices and outcomes. Our presumption is that this participation enhanced the quality, rigor, and usefulness of the research endeavor and will strengthen the partnership between the disability and research communities and the research consumer.

Our assumptions about participatory action research (PAR) in assistive technology, are as follows:

- ☐ PAR will be a collection of processes focused on events, conditions, and issues as they are presently known;
- ☐ Our work is interdependent with and shaped by the environment in which it is applied;
- ☐ PAR is a way of getting a better look at the world, events, processes, and actions; and
- ☐ PAR is designed to influence change or introduce solutions to real world problems.

OUTCOMES OF THE SYMPOSIA

The following details specific outcomes as a result of the symposia on Assistive Technology in the Pacific.

A. Linkage with NIDRR-Funded AT Projects in the Pacific

As stated, we initially worked directly with NIDRR-funded AT project administrators in the Pacific jurisdictions to develop priorities for research and training in AT. These administrators focused on the importance of data, its collection, analysis, and the dissemination of findings. We found after extensive meetings, conference calls, and correspondence, AT clearly permeated a number of professional disciplines and programs. With the AT project administrators in a position to make accurate interpretations and applications of existing information and to reliably transfer the information for people with disabilities in their jurisdictions, we entered a process where our research would support the actual action plans for improvement and expansion of AT in the Pacific.

B. Locally Driven Priorities for AT and Rehabilitation Research

The symposia made use of the expertise of the constituents to transfer and apply ideas, innovations, and generalized concepts to help derive the focus of prospective rehabilitation research and training in AT for the Pacific. The jurisdictional action plans for AT were the outcomes of the symposia.

C. Established and Committed to Support Local Capacity

As each of the participants learned the parameters of our research approach, they committed to assist in communicating the potential benefit of rehabilitation research to the constituencies they represent.

D. Proceedings that Document Regional Potential

We have learned from previous approaches to AT in the continental United States, that substantial change in practice and policy does not occur by using a single methodology. Change occurs over time. Effective change mandates preparation for a variety of methods appropriate to the readiness and capacities of organizations and individuals to adapt to and acquire new resources, skills, and behaviors. The preparation, development, and implementation of the symposia was an initial approach to address these requirements.

The proceedings of the AT in the Pacific Symposia activities is a documentation of the process for participatory action research that is sensitive to culture, environment and socio-economic settings. The plans are the actual outcomes of the process and are as diverse as the participants and the jurisdictions they represent. The plans include such basic functions as having regularly scheduled meetings, to the complexity of research analysis for legislative review. This document serves as the baseline product for all the constituents in the Pacific who are challenged to bring these plans of commitment to fruition.

PHOTOGRAPHIC JOURNAL

The photographs presented here portray the participants of each Symposium. The first held May 14-16, 1995 in San Diego was conducted with the four AT Directors in the Pacific. Personnel from RESNA were also in attendance at the first symposium. The second held on Guam from December 3 - 6, 1995 brought together over 40 participants representing the seven Pacific jurisdictions served by the RRTCP. Jurisdiction teams included consumers, family members, service providers, advocates, local governmental officials and legislatures.

**Assistive Technology in the Pacific
"Leading the Challenge"
May 14-15, 1995 - San Diego, CA**



Directors of the State Tech Act projects in the Pacific. (Left to right) Dr. Steve Spenser, University of Guam, University Affiliated program; Ms. Barbara Fischlowitz - Leung, Director, Hawaii HATTS project; Ms. Madelyn "Percy" Camacho, Coordinator, CNMI, STRAID; & Mr. Edmund Pereira, Director, American Samoa ASATP.



Group process



Group work in progress

**Assistive Technology in the Pacific
"Future Directions"
Dec. 3-6, 1996, Guam**

Welcome Reception at the Guam International Hilton



Dr. Kenneth E. Galea 'i welcomes participants from across the Pacific.



Dr. Heidi San Nicholas, UOG, UAP and Senator Lou Leon Guerrero, Guam Legislature.



Mr. Ben Servino, Director GSAT, Guam & Mr. Darin Uesugi, Hawaii HATTs Project



Symposium Participants from Guam



Dr. Kenneth E. Galea 'i presents Macintosh computer work station with desk top videoconferencing capabilities to Dr. Heidi San Nicholas, Director of the University of Guam, UAP.

Symposium Activities



Ms. Janet Guerrero, Research Analyst, RRTCP, testing the CUSEEME software for the Telestaffing applications.



Symposium discussion group



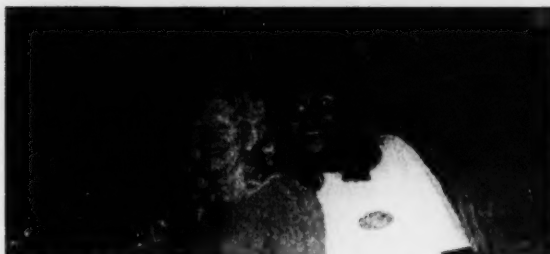
Mr. Joseph Artero-Cameron, Director, Guam Department of Vocational Rehabilitation.

AT Symposium Jurisdiction Teams featured with the RRTCP Team

American Samoa



American Samoa Team: (left to right) Mr. Edmund Pereira, Director, ASATP, Ms. Leone Ripley, Counselor Supervisor, VR, and Mr. Hermann Scanlen, RRTCP, RTA and ASCC UAP staff



Mr. Edmund Pereira, Ms. Barbara Fischlowitz - Leung, Hawaii HATTS, Ms. Leone Ripley and Mr. Hermann Scanlan.



Representative Charlie Agaoleatu Taufolo, American Samoa Legislature and Mr. Edmund Pereira, Director, ASATP.

Commonwealth of the Northern Marianas



Mr. Roy Fua, RRTCP RTA & the Chairperson for the Department of Education at the Northern Marianas College.



CNMI Jurisdiction team



CNMI team: (back row) Mr. Roy Fua, RRTCP RTA, Ms. Patricia Conely, Director CNMI Vocational Rehabilitation and Ms. Sarah Osborn, NMC UAP. (Front row) Ms. Elena Sutton and Ms. Traci Cobb, CNMI Public School System. Not pictured Ms. Lydia Santos, CNMI P&A, Ms. Madelyn Camacho, CNMI AT Project, Dr. Ansito Walter, Parent.

Federated States of Micronesia



FSM team: (back row) Mr. Salik Talley, (middle row) Mr. Godaro Lorrin, former VR Coordinator for Pohnpei State and Ms. Magdalena Hallers, RRTCP RTA for the FSM.



FSM jurisdiction team



Mr. Makir Keller, Director of Special Education, FSM National Government and Mr. Godaro Lorrin.

Territory of Guam



Guam Team: (back row, left to right) Ms. Sara Thomas -Nededog, Deputy Director, SPIMA, Mr. Benito Servino, Director, GSAT, Ms. Bernie Grajek, GSAT Board Member and Mr. Tony Prieto, GSAT Board Member. Front row Mr. Rodney Priest, RRTCP RTA.



*Mr. Joseph Artero- Cameron,
Director Guam Department
of Vocational Rehabilitation.*

State of Hawaii



Hawaii Team: (Back row, left to right) Darin Uesugi, HATTS project; Max Balbuena, HATTS project and Ms. Barbara Fischlowitz - Leung, Director, HATTS Project. Front row (far right) Mr. Stan Yamada, RRTCP, RTA.



Hawaii team presentation

Republic of the Marshall Islands

*Ms. Marie Madison,
College of the Marshall Islands*



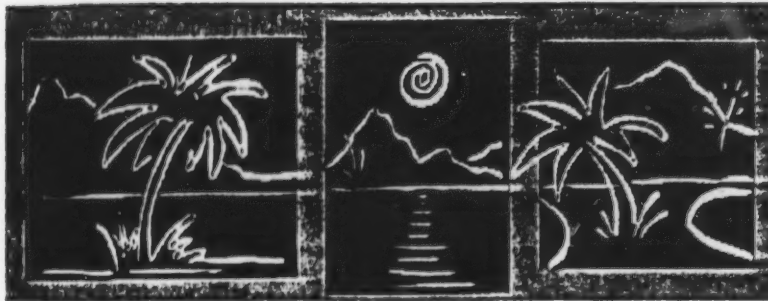
Republic of Palau



Palau Team: (middle row) Ms. Julia Kazuo, Coordinator Palau Vocational Rehabilitation Services and Mr. Francis Kiep, Physical Therapist, Palau Ministry of Health, front row: Ms. Joyce Ngiraikelau , Special Education Teacher.

SECTION 1

Assistive Technology in the Pacific: Leading the Challenge



May 14 - 16, 1995

San Diego, California

Section 1 contains the presentations and discussions conducted during the AT symposium held May 14-16, 1995 in San Diego, California. This symposium was conducted with the four AT directors in the Pacific. Outcomes of this session are provided at the end of the section.

INTRODUCTIONS AND CHARGE TO THE GROUP

Dr. Kenneth E. Galea'i, RRTCP Co-Director

Note: As recorded 5/14/95, San Diego, CA, Hilton Hotel Mission Valley

Welcome to San Diego! As part of the introductions I would like to encourage you to get to know each other a little better, especially those of us from the RRTCP. We look forward to spending the bulk of the time learning from you and your helping us to figure out what kinds of things we can do based on what the priorities and goals are for your individual projects. There may be something that we can do to prioritize Pacific-wide outcomes from assistive technology in the Pacific. Developing some strategies about how we can accomplish that kind of an objective together is our purpose over the course of this symposium.

As you know we have a few days. We are looking forward to eventually developing and collecting further information that will be followed up with a number of activities and functions that will come under the direct auspices of our partners and colleagues from RESNA and NIDRR. We also extended invitations to entities in the Pacific that do not have NIDRR-funded technology projects in hopes of including them in this process for developing strategies around AT across the Pacific.

We will have an opportunity for some interaction and discussion about key or critical issues and developments in each of your jurisdictions around AT, the kinds of milestones that you have experienced thus far, your projects, the response from your community leaders, and what might be some of the things that you look forward to exploring there. We will spend some time on implications in the Pacific based on some of the things we have heard and some of the things we are aware of. On Wednesday, we will convene in the morning to see if there are some specific outcomes that we could propose for a follow-up meeting in October with other friends and colleagues relative to AT across the Pacific.

I would be remiss if I didn't acknowledge the Director of the RRTCP this morning, Dr. Fred McFarlane. He is unable to join us this morning but will be with us later this afternoon and will facilitate the opening of our activities tomorrow morning on campus.

One thing I am reminded of as we come to this symposium this morning; you see in your materials we have listed what our process is in terms of coming directly to our constituents and consumers to help us appreciate the kinds of things that they are facing and what kinds of mechanisms you might be able to help facilitate in your projects in the various jurisdictions.

We have some goals that are listed there following the agenda. We are looking forward to the symposium providing a forum for an open, candid discussion that focuses in large part on data management. Also, our focus will be on how we can utilize this kind of information, what we want to do with it, and what kinds of things will facilitate collecting the kind of information that will help us support and continue services to constituents and consumers.

We look forward to your sharing an understanding of critical issues from your jurisdictions and helping us to identify priority items that you would like to see included in a protocol for data management. Perhaps you will share with us some of the strategies you are currently using around data collection and synthesis beyond just compliance reporting. We plan to provide relative information to AT that offers some insights and different kinds of data collection and communication strategies. We anticipate that the process we build here is one that we will continue over an extended period of time, and one that will be productive and fruitful in all of our endeavors in the Pacific relative to rehabilitation. What we want to be able to do, with input from all of you, is produce a record or recording if you will, that documents some of our discussions and some collaborative findings that we think should guide and direct AT across the Pacific.

In this particular instance, as you take a look at this symposium, you may be surprised at the kind of help we can provide to each other. We, here at the RRTCP, would gladly accept any kind of help as we take a look at what kinds of productive things we can do to facilitate not only your work, but in developing a Pacific-wide strategy for AT. That approach leads to the reason why we were so excited about the prospect of collaboration with our colleagues from RESNA and their interaction and access to information from NIDRR.

There are several discussions being held on Capitol Hill in Washington, D.C., that may change the public program of vocational rehabilitation as we all know it today. The impact of these changes is being cautiously deliberated. Those kinds of contextual discussions will have a direct impact

not only on the kinds of things that we decide to do today, but on the lives of consumers and constituents across the Pacific. I trust as we start to take a look at data and data management, the collection, synthesis, dissemination, and presentation of that information will allow us to be able to significantly target not only what is important and essential, but to understand that it will have an impact. Locally, the kinds of information that we start to take a look at will be able to document the impact and the outcome of rehabilitation services and AT innovation.

The RRTCP is part of an umbrella agency that avails a number of resources including communication networks, computer bulletin boards, distance learning opportunities, options, and training. We offer a strong academic base to all of our training and learning efforts. The Interwork Institute and the RRTCP offer a myriad of tools and expertise to assist all of you. We offer research capabilities that will have an impact and practical application for you. Through the RRTCP we can offer immediate assistance with data, research, technical assistance, and training. We again welcome you and want to include your input to help us realize our vision.

RESNA TECHNICAL ASSISTANCE PROJECT

Ms. Nell Bailey & Ms. Barbara Crowl, RESNA TA Projects

Note: The background information provided is from a RESNA brochure. Out of the discussions with Nell and Barbara emerged six specific discussion points (A-F) that are addressed at the end of this presentation. The questions in italics were posed by Symposium participants.

BACKGROUND

The RESNA Technical Assistance (TA) Project² is an activity funded by the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, under the *Technology - Related Assistance for Individuals with Disabilities Act Amendments of 1994 (P.L. 103-218)*. The project's primary objective is to assist States and Territories in their systems change and advocacy efforts so that each entity develops and implements a consumer responsive, comprehensive, statewide program of technology-related assistance for individuals with disabilities of all ages. The TA project provides on-site technical assistance, training, meetings, and information products to States and Territories funded under the Act.

RESNA is an interdisciplinary association for the advancement of rehabilitation and assistive technologies. RESNA represents over 2,000 individuals and organizations committed to developing partnerships that link the capabilities of service delivery professionals, research and training centers, rehabilitation engineering research organizations, and other constituencies with the needs of consumers of rehabilitation and AT.

The State AT Projects are programs funded under Title I of the *Technology - Related Assistance for Individuals with disabilities Act Amendments of 1994* (also known as the "Tech Act") and are administered by NIDRR. These projects assist individuals with disabilities of all ages to obtain and access AT devices and services through advocacy and systems change efforts. State projects vary from state to state. All 50 states, the District of Columbia, Puerto Rico, American Samoa, Guam, and the Commonwealth of the Northern Marianas have a Title I Tech Act grant.

² This information is produced by RESNA and is available by request. Contact RESNA, 1700 North Moore Street, Suite 1540, Arlington, VA 22209-1903. (703) 524-6686 (Voice) or (703) 524-6630 (Fax).

INTRODUCTION

My discussion today will address the RESNA technical assistance efforts to the State Tech Act projects. One of the major undertakings of RESNA is the *Individuals with Disabilities Consumer Survey 1995*. The data collected from the survey has been instrumental to the states in terms of including this information in continuation applications and its documenting and providing quantitative information to NIDRR, the administering agency. This data has been summarized and you have in front of you a summary of the process and the way it works. Basically, each year we send out a form asking if you would like to participate in the survey. You can put your project name on the survey forms for dissemination.

METHODOLOGY

The methodology has varied from State to State and Territory to Territory. For example, some states have conducted phone interviews to the agencies administering the questionnaire. Sometimes the forms are given out to members of the AT Advisory Councils for dissemination and mailing lists from other agencies like Vocational Rehabilitation or the DD Planning Council are also utilized. A couple of states have even used (because they were trying to identify individuals with disabilities who were not in systems) the Department of Motor Vehicle's process. States and Territories that have been really successful in getting numbers back have been the ones conducting telephone interviews. To do this they have either hired someone or assigned a staff on a temporary basis to do the contacting. This has worked very well.

Once the States or Territories have collected the surveys, the information is sent to Dr. Rob Sheehan to complete the data entry and analysis of the information. A report is then forwarded to the States and RESNA. Dr. Sheehan also compiles a national profile showing how your state compared with others that participated that particular year. The survey is conducted and analyzed based on a calendar year. The earlier you get your surveys in the quicker you can get the results back.

CHANGES TO THE INSTRUMENT

The consumer survey tool was developed in 1990. It was streamlined in 1991 and new questions, as a result of the Tech Act amendments, were added in 1995. With the new focus on systems change and looking at impact and

outcome data, we are trying to include questions which pertain to Technology Services. Including the types of services received, the set-aside for protection and advocacy services, is it happening? How individuals have benefited from additional or enhanced services, what problems you or the person you represent have had with AT services. Hopefully, 1995 will begin to yield data that reflects these changes. Unfortunately, there are no previous years in which you can make comparisons but, in subsequent years, you might be able to begin to look at the provision of services and advocacy services as the result of the protection and advocacy involvement. We are looking to see what changes are occurring resulting in positive outcomes for people with disabilities.

In Section 3 of the instrument there may be questions added for demographic information as well as to address issues of outreach and underrepresented populations. The demographic questions are found at the end of the survey and are optional. About demographics, people will often not provide you with information but once you can explain the reasons for collecting the information, people are more willing to participate.

In the consumer survey the one area of concern has to do with money (financial status) information. The reason that we include this question is to try to define terms such as underrepresented or economically disadvantaged. This question gets sticky because people are really suspect and skeptical when the federal government or projects that are tied to federal government asks such questions.

How many surveys need to be completed to show an appropriate proportion of populations of the territories? Is there a minimum?

At RESNA we have said 200 surveys minimum but this number varies and can range anywhere from 50 to over 400. You have to think about a size that is going to be representative of the population and so you also get a good cross section of the population as well. What we have found is that the Tech Act projects that are housed in an agency which serves a specific population the responses tend to only represent the population served at the agency. For example, the Developmental Disabilities programs, UAP's, or Commissions for the Blind are such programs. The projects are encouraged to develop strategies to get a cross section of the population, including adults, children, minority, or other culturally diverse populations. Minorities are not really represented in the data thus far. We encourage you to develop your outreach

strategies to include other populations. The profile of the national data on assistive technology at this point, tends to be very Caucasian. Hopefully, when we are able to include the Territories as part of the sample then we will begin to see a difference. Even though some of the larger states, such as New York, Massachusetts, Illinois, Texas, & Florida have large and diverse populations, we really have not seen this diversity in the data as of yet.

As you decide what is going to work for you as a data collecting instrument, set it up from the outset. If it's going to be longitudinal survey, then you need to plan for it. There are states that have taken this instrument, modified it, added or deleted information, so they collect only data that will be meaningful and of interest to them. Maybe in the Territories you could develop a survey that is quite different from the other states to capture essential data that will result in a profile of the unique issues around disabilities and AT on your islands.

We talked about two things this morning, the consumer survey and the NIDRR federal reporting instrument (*Draft 7*) along with Dr. Sheehan and Ms. Cohen. Several states are utilizing *Draft 7*. For example, Missouri's project started out as a systems change project. They designed their program that way from the start. They are heavily into the systems change aspect. They targeted policy and the elimination of barriers around the various agencies and services in their initial plans. To address the issues they utilized the skills of their staff (attorneys) and have a very active Advisory Board. They are doing an analysis of Missouri state policies around technology in education, vocational rehabilitation, and medical services. They have included private insurance in this process. They identified some of the barriers and have begun to see what they could do to address or eliminate these barriers.

What may also be of benefit with the Missouri Project is that their lead agency is semi-autonomous and structured under the governor, and they have a very active board that is state legislated and operates independently. The project staff are able to remove themselves from a lot of the work and rely on their Advisory Board to do the advocacy work. The Advisory Board pushes the system for them. The Chair of the Advisory Board is a person with a disability and he operates the ADA Regional Technology Assistance Center. He is a very strong advocate. They have done a lot to educate their legislators including holding legislative days and sponsoring a Technology Expo. They invite their state legislators as well as consumers (by the truck and bus loads) so they could talk about some of the positive things that are

coming out of the Tech program. This has been very instrumental in helping them with systems change.

As the symposium goes on, I would like to hear more of how RESNA can assist your projects and be of help to you. RESNA is here to assist you in any way that we can. We appreciate having the opportunity to be at this symposium with you all and look forward to visiting the rest of the week.

DISCUSSION POINTS

A. Conceptualize the Change Process From the Onset

What does system change look like? If there was such a thing to occur, what would be different, how far are we from that difference?

The legislation has always been a systems change effort. In addressing change and collecting data realize that there will be resistance, animosity, or a feeling of increased burden or increased demand for work, and misunderstandings. These are inherent in the change process. The definition in the legislation talked about changes in structures, changing policies, practices, procedures, regulations, and organizational structures that would lead to permanent change in the way you do business and in the way that systems, such as VR, education, and medical assistance provide services to individuals with disabilities. The Tech Act programs are being asked to address system change issues within three major legislation impacted arenas: Vocational Rehabilitation, Education and Medical Services. These systems are also in the throws of change at both the national level and the local level.

Comments:

- ◆ Issues that begin to define and shape over time, evolve a system in itself. That's not like we transcend from evaluation after systems design issues to reach people using assistive technology. All of that starts to define a system of how agencies are interacting with individuals. The point I am making is, how it impacts that effort directly, impacts on the types of and services that you are giving.
- ◆ In addressing a system, you know what the issue is and I just got sensitive to it in a large state situation. It is not just the simple adding of a field to the instrument or process, there is usually a whole state statutory process to get that field put in and then talk about the technology, the system of aggravating data from education, from local

administration right up to the state system. For some states that is a five year process to tweak a system to cause a change to happen to build a model.

B. Systems Change

Comments:

- ◆ Systems evolution versus system change.
- ◆ Technical assistance, money, training: advocacy training and consumer empowerment training are needed. Consumers themselves are the best advocates. Providing them with the knowledge that they need to make technology happen is critical. Having them help you to define to some extent and to be active participants and letting you know what the needs are. We have not really been talking about the consumers and they are and should be the primary players in all of this.

C. Strategies for Data Collection

Comment:

- ◆ We have successfully used the consumer survey though it has taken a lot of effort to develop the strategies for collecting the data. We have utilized consumers in this process and a variety of methods but it is a labor intensive process. By including consumers in the process I don't know how that really works as a survey methodology but prior to the conduct of the survey we provide initial training with those groups of people and then let them go for it.

D. Usefulness of Data

As it is, we cannot get enough data collected. There is not enough information out there that support various programs. The few numbers that are available get manipulated, used, and over used. It really is doing a disservice for the program when you just can't tell Congress or local legislatures that there really are "X" number of folk out there with disabilities in the job place or in the schools who are benefiting from using AT. Because the data are just not there, we really need to address the issues and get some kind of information that is going to support the on-going programs, whether its VR, DD, P&A, or all of those.

Comments:

- ◆ We are kind of stuck in that kind of transitional process from old objective measurable outcomes. "X" number of people trained or "X" number of whatever happened and going into this area of system change grants/state wide system change grants where you are talking about major processes where you might not see outcomes in measurable forms in the short term. It might be five years down the line to see the outcomes and it maybe that the outcomes that you see are not something you would predict.
- ◆ It would be helpful for some of us who are trying to take a look at how to collect the kinds of data or the kinds of information because, quite frankly, there are folks who when we look at AT and start talking about the importance and value of data are not vested to the data.

E. Collaboration

Another aspect of your project is "*collaboration*", inter-agency collaboration. If you can all come to the table and agree that there is data that needs to be collected, have everyone contribute something to it and buy into it, it could be productive. You could offer to house the system and/or contribute to the development of the database system. I don't know if there is a mandate for different agencies to do data collection but, if there is a question around AT that you could get included on their series of questions, then there would not be a duplication of effort but rather the data collection process would not only be integrated into an existing system but it could be viewed as mutually beneficial. VR/Education and others would benefit from the data as well as meet their reporting requirements.

Now, I think what we are saying to you is these numbers are really important and there is some value in collecting them and I think we have to convince you and provide some kind incentive for you to continue to collect the data. One definite incentive is continued funding.

Comment:

- ◆ This is something worth discussing, because I think all the agencies probably would benefit by having that kind of data. I don't know how we can get beyond this notion of data just for data sake. I think that in the past data has been collected but never resulted in change, it was just

an exercise. You put numbers into a report and send them off someplace to get shelved.

- ◆ See, my view is you don't have to do that. I think it is only instructive to us. If we embody or embrace the concept of system change and system design work, that the data type of questions, the external information going out, you just have to conceptualize it so that in fact it also supports the evidence of your system. As long as there is compatibility, the data being requested from the outside recognizes system evolution inside and supports that effort, then it becomes a compatible effort, absolutely. You don't view it as a report prepared once a year and shipped out. It is part of an on going definition of the system that we are creating and becomes supportive of that system.

F. Attitudes

Comments:

- ◆ There are some policies in place, but the practice is translated very differently. In our case it is culturally translated. We see that over and over again, attitudinal problems and, even if we could get the agencies to sit down and cooperatively agree when it comes to practice, it's a very different issue.
- ◆ The initial attitude and how that evolves is part of the whole project idea of working to raise, change, or modify and evolve community standards about AT. Those attitudes are very much about a community standard. Right now we are going through this very interesting community standard evolution where the family would perceive it to be the responsibility of the school and the government to provide AT, or whatever. It is not the family's job to be a partner in this process, but it is the obligation of government or education. If my kid needs a hearing aid you buy him that hearing aid, and if my kid loses that hearing aid you replace it. That is a community standard we are fighting and we're trying to raise community awareness to a partnership level.

SUMMARY POINTS

1. The RESNA consumer survey can be modified to accommodate local jurisdiction and state situations. It is suggested that changes be conferred with RESNA and/or Dr. Rob Sheehan. If the core questions are changed, then it is more difficult to match to the existing data set.
2. The survey can be translated into the local languages. It has already been translated into Spanish.
3. The methodology for data collection varies across states. Jurisdictions are encouraged to develop and utilize strategies that are most appropriate for the Pacific jurisdictions.
4. The strategies for identifying the population and the methodology would be to come up with some consistent strategy for identifying that cross section, whether it is through phone interview, or whatever, so there is some consistency over the years and why are we collecting this information.
5. How we are going to use the data in evaluating the impact on the project and looking at a whole bunch of questions
6. It is critical to have strategies in place to identify the methodology for collecting and maintaining data prior to developing a database. The planning stages of the process are most crucial.
7. A case-by-case basis review system from a team approach can be more expedient than the current adversarial practice/culture.

NIDRR REPORTING PROTOCOLS FOR STATE TECH ACT PROJECTS:

Tech Act States Annual Report to the Secretary of Education - Draft 7

Ms. Carol Cohen, NIDRR Project Officer & Dr. Rob Sheehan, Consultant

Note: This discussion was conducted via telephone conference hook up. Each participant had a copy of the DRAFT 7 protocol to review and question during the course of the conference call. This reporting protocol is being field tested in 9 sites across the country with AT Projects and P&A programs. This reporting protocol is not mandated by NIDRR at this time. State Tech Act Projects participate on a voluntary basis at this time.

INTRODUCTORY COMMENTS

Ms. Carol Cohen, NIDRR Project Officer

The National Institute for Disability and Rehabilitation Research has a contract with RESNA for technical assistance to the State Tech Act projects to pilot an annual report system for evaluation and data collection. This process has been field tested in various states, including Hawaii. The instrument being introduced and field tested is better known as *Draft 7*.

In the original legislation for the Tech Act Amendments (1994), it was established that the secretary shall develop guidelines to (and I am paraphrasing now) assist states to collect these performance indicators, guidelines, or outcome measures which are all synonymous terms for the purposes of what we have to do to respond to the legislation.

Last year as part of our efforts (internally) at NIDRR, we created what was called a policy and regulatory action group. Our task was to develop the regulatory language for publication. As part of this process, we also were very cognizant of our directive to develop guidelines. We discussed this in the group and decided that we clearly did not have the time, resources, expertise, and/or capabilities to do this internally and that we would contract out for this task. RESNA was chosen for their experience in AT as well as their TA expertise. So that is the history of this effort. This activity was also involved with input and participation from various state projects and personnel.

Draft 7 is a NIDRR/Department of Education tool which we are directed and mandated to develop and utilize. This is the secretary's tool if you will, and we expect, beginning in fiscal year 1996, that the states will use it to report to us on an annual basis. This will take the place of those lengthy and

unwieldy continuation applications and I am saying all this with my fingers crossed because we haven't had any final approval yet. We developed what we now essentially refer to as *Draft 7*. *Draft 7* of the proposed (underline "proposed" 10 times), performance and outcome measure indicators. This instrument was sent over to the Office of Management & Budget (OMB) a number of months ago for approval along with the regulations. The regulations were signed off by Judy Heumann and are now at OMB awaiting publication. The proposed performance indicators are not part of regulations at this time. Perhaps you could refer to them as subregulatory.

Let me just add a couple of comments, I was very excited that the SDSU Rehabilitation Research and Training Center of the Pacific and the state Tech Act projects in this region are collaborating and that you are addressing the issues of data collection. It is my hope that we can come up with some strategies which would eliminate any need or any extra effort relative to duplication of data collection for AT.

QUESTIONS POSED TO MS. COHEN

What amount is the State Tech Act Projects required to subcontract to P&As? Is there a minimum allotment?

- ◆ **Response:** In the legislation it only mentions a minimum allotment for States to contract out to the P&As. The range is from 40-100,000 for the State. It doesn't give a minimum amount for the Territories. Since each of the Territories only receives \$100,000+, it is not feasible to require the same minimum amount as the states. It simply was a technical error when the law was written, that the Territories were not included. We do not have the legislative authority to include a Territory minimum amount. Therefore, we are leaving it up to the Territories, Guam, the Marianas, and Samoa to act in good faith and make what arrangements with the P&A they see fit. It must be understood that the P&As need to provide the services that are necessary under that provision of the law within their own Territory.

What about the monthly reporting requirement for the P&As to the Tech projects?

- ◆ **Response:** The monthly reporting by P&As is required by law. There is no way around it. If the P&As want any subcontract or subgrant at all, they must provide you with twice a year reports and monthly updates. If

they don't want to use the forms that we have already developed for them, then they are going to make a whole lot of work for themselves.

DISCUSSION ON DRAFT 7 REPORTING PROTOCOL AND INSTRUMENT

Dr. Rob Sheehan, RESNA Consultant responsible for data analysis

NIDRR recently requested the State Tech Act projects to provide some outcome data around the Tech Act program and the information was specific to a couple of areas -- independent living and employment. This information was compiled and resulted in a national profile³ on AT issues based on the RESNA individuals with disabilities/consumer survey.

With regards to the RESNA consumer survey, we have data from 1992 (and actually some data from 1991) to the present. We were able to go back and pull, in the case of NIDRR's request, the most recent information (the 1995 data) and to look at it across the years. The data are helpful to determine the kinds of AT devices people are using, the problems people are running into in getting devices and the changes that people have perceived over the past two years in accessing AT. We also have information on the basic demographics of persons involved in using AT.

We hasten to say that the data are not random samples. If you were to imagine the design being one of many, many replications across years, we have a high degree of confidence although we don't have statistical sampling going on here. The use of AT by persons with disabilities is probably so very basic that we don't think we are getting a lot of random error due to sampling and we think that we've got a pretty stable picture of what is happening in the country. That picture could be extended to the Pacific basin as well and we hope that you will participate in this process.

The data in the database are available free of charge and comes with all sorts of technical assistance offered to people to use it. This information may allow you to critically position Assistive Technology in the Pacific basin with some reference for how it is nationally. Again, we don't own the data, everybody owns it, we give it away free of charge. We computerize it for people and we do our best to give it to people in whatever format that they can handle. If they don't have the capacity to work with computerized records then they simply tell us what they want and need. Within a reasonable time frame we analyze it and get it back out to them on paper.

³ The AT National Profile is available upon request from RESNA.

This data collection is a voluntary effort and it somewhat depends upon your involvement and efforts to report, which perhaps is one of the best things about it. I think if it were required, we would have a greater concern about the quality of the information gathered. By being voluntary, people seem to want to continue gathering data because it has been of some value to them in previous years. This is all within the context of the technical assistance that RESNA offers to the states and Territories. Whatever can be done within the limits of the data, we can do.

Anecdotally, everyone who has filled out the survey has reported it to be a very positive planning process. This information has helped them know future plans and directions, especially in the area of identifying barriers concretely and specifically up front. So we know that they feel they are on the right track. With this data, states are beginning to discuss real issues such as:

- ☐ What do we really mean by underrepresented populations?
- ☐ Because we now have to report on them, what specific barriers are we targeting?
- ☐ What do we mean by systems change?

Those kinds of discussions seemed to occur only around grant writing time and not too much at other times. Now, by virtue of the reporting system, they seem to be occurring with a greater frequency.

The P&As that have been sending in their information are doing so without a hitch, and in part it may be that the number of active and open P&A cases is somewhat lower than people might have imagined. The P&As have already established a fair amount of computer system superstructure in many of the states and they are now going ahead and modifying their existing computer systems to accommodate the new P&A mandate for AT services and advocacy.

I would say overall, that people report positively on the NIDRR reporting protocol. They report that it causes them to think differently and to change some of the current database technology. If there is any concern, it is simply that there are different ways in which redundancy is possible. Overall, what we are finding is that you can't put this system in place without discussion in your Territory or your State about definitions, directions, and outcomes. Consensus among key stakeholders is critical.

I am guessing that the biggest difficulty we have with data is from states whose funds for the State Tech project flowed into a lead agency and then very quickly back out to existing service providers who were direct service providers. Aside from Hawaii, the Pacific projects will not be impacted this way since you are all recently funded under the Reauthorization of the Tech Act. The larger problem for the Tech Act that we are addressing on a state-by-state basis is the definition and clarification of purpose - "What is systems change?, What are the amendments to the Tech Act asking for?" - Its not really a problem in a data system per se, it just simply shows up in the use of the data system.

DISCUSSION POINTS

A. Creating Databases

To address the *Draft 7* protocol, RESNA is looking at several options to create an easy process for states to work with. These options include:

- ☐ identifying common shareware for programming;
- ☐ developing a computerized data set that can be easily modified or customized to state needs; and
- ☐ obtaining compatible software and hardware configurations.

As you begin to create or configure an AT database, RESNA suggests that you work closely with us because we spend a great portion of time designing databases and software, and working with data trying to create easy access to data. We've got some pretty good ideas about file structures and linking files together. We can discuss what is important data and what is not important and suggest possible approaches for design and improvement.

B. Jurisdiction Data Gathering Efforts

Comment:

- ◆ As we are at the very beginning of this effort, and I would certainly hope that we can get together Pacific- and region-wide, particularly in the area of the strategies. **The strategies are more important to me than the actual data variables** that we are looking at think that presents a **unique challenge for us** the strategies by which who we are going to get the data at that from do that over time and how that might **involve some unique methodology for the Pacific.**

QUESTIONS POSED TO DR. SHEEHAN

Is There a Link Between the Consumer Survey and Draft 7?

- ♦ **Response:** Yes, you can use the consumer survey as a minimum of responding to the need in *Draft 7* to report *consumer satisfaction information*. The other thing you would do is use the consumer survey to gather information that you would report in *consumer involvement* and talk about *identified barriers*. We have made great progress with the consumer survey by having it be voluntary. The consumer survey is never going to require clearance because it has no standing as a national data collection tool nor are we in a rush to make it such. We have offered TA to individuals to show the wisdom of gathering information that would address *Draft 7*.

Draft 7 also asked for additional response to scope of the consumer survey. Training evaluation data and outcomes associated with systems change must be reported on *Draft 7* but are beyond the scope of the consumer survey. We suggest that states go through *Draft 7* piece by piece and see where the data are available or could be gotten to address the issues. This is a very simplified explanation; however, this is a new era in federal governments and federal regulatory involvement. If we start getting into a large, national data collection system that goes well beyond the intent of the Tech Act then we really set ourselves up to be knocked down. For this program, we are working towards developing one instrument that responds to the administrative mandate. The outcome has to be qualitative as well as quantitative. We have developed an instrument that is flexible enough and fluid enough so that the states can apply it to their own unique situations. NIDRR is supporting this effort and wants to see it done. You, as a project, can choose to invest in the process or not. The tool that we are trying to develop is not going to do everything for everyone but at least it will allow people to respond to NIDRR's mandates with RESNA's involvement.

Can the survey be translated in to a jurisdiction language?

- ♦ **Response:** The policy that we have is that every state, Territory, or funded entity can modify the survey as they need and we try to capture the modifications as we do the analysis. From a practical standpoint, it makes sense to fax me the modifications before they go to press simply

because it is something we do a lot of. We can look at the modifications and make suggestions for impact.

Does the survey address consumer satisfaction with AT services?

- ◆ **Response:** This is imbedded within the consumer survey. We also work very closely with anyone who asks us to, Territory or state, to design additional consumer satisfaction instruments specific to that state or Territory. As part of our TA, we will be traveling to states and working with them over the phone both on- and off-site. If there are areas not covered in the consumer survey for example, a state might have an equipment lending or a loan program or there might be regional centers that are providing very specific services, we work with the funded project to try to capture satisfaction. So, our services and technical assistance does not extend just to what we find as national commonality, it also extends to what is of some value specifically to the state. We have a packet of standard instruments from which to start. We just need a request for that kind of assistance.

Would you be able to assist us with the strategies for which we would go about identifying the population that would fill out the survey?

- ◆ **Response:** Think through how you could get through the data. What are the issues about telephoning? Dealing with village protocol, coordinating with a regional service provider or public health nurse interviewing people as a part of the work that they routinely do. We try to figure out along with you the best strategy for getting data knowing that you have to work closely with other people who are also trying to gather data. Persons with disabilities are filled with loathing, quite justified, for repeated surveys of the same information that seem to go nowhere seem to overlap and that seems to be redundant. We would need to discuss these issues of how do you find a measurable population, how do you define it, what is the best way to get data?, What is the best time frame to get the data? We have a lot of experience with this.

What is the cost of technical assistance from you?

- ◆ **Response:** My time and involvement on the project now and even under the next contract that we would propose for RESNA is always on RESNA's time.

The nitty gritty of developing the instrument itself - How do we do this?

- ◆ **Response:** We do a lot of hand holding with the state or the Territory in this area. We ask that a state or Territory draft areas of interest and areas of potential questioning for us to take a look at. We seek to put them into a format that makes some sense knowing what we know. For example, don't ask for demographics first, don't ask for revealing kinds of information first, cut to the chase of what is important and ask questions in the most simple and direct fashion possible. We try to factor in on what makes cultural sense out there and how to handle the interviewing process if interviewing is done. This process will result in 3-4 revisions until everybody is comfortable with the tones of instruments.

Collectively as we are creating a larger picture of Pacific basin needs, and is it possible with your support to see us as a collective in some ways as well as supporting us individually?

- ◆ **Response:** Well, that seems to be our job. With federal assistance, do what needs to be done. We don't have much problem responding to people as a collective or recognizing their individual needs and helping them know where they can diversify something and where they should probably keep some kind of standardized approach in order to get the most information. We are basically here as a resource to all of you and your projects.

JURISDICTION PRESENTATIONS

Reports From The AT Project Directors

Note: All seven Pacific jurisdictions were invited to participate in the Symposium. In addition, each participant was asked to respond to a 10 item questionnaire (included here for review) related to Rehabilitation and AT in the Pacific. The presentations summarized here were conducted by the four State Tech Act Directors. Although Palau did not send a representative to the Symposium, a written response to the questionnaire was received and is included in this section. The following questions were posed to each of the jurisdictions for consideration and reporting at the Symposium as a guide for discussion.

Questionnaire on Rehabilitation and AT in the Pacific

1. How many people could benefit from assistive technology (AT) in your jurisdiction?
2. What are the demographic estimates relative to the number of people who could benefit from AT in your jurisdiction?
3. What types of AT are most frequently in demand from the two largest population segments in your demographic estimates?
4. Who currently provides AT resources (information/money/tools) to these individuals?
5. Where do the highest proportion of AT devices come from for consumers in your jurisdiction? Why?
6. What is your estimate of available funding in the jurisdiction to purchase AT for the population?
7. What kinds of collaborative activities focusing on AT are planned for your jurisdiction in the next 3 years and who is involved in this planning?
8. Is there currently existing local legislation in your jurisdiction related to AT? Who sponsored it? Are there any monitoring requirements stipulated in the legislation?
9. From your observations, what cultural implications, if any, are reflected in the degree of access to and the provision of AT in your jurisdiction?
10. What is the current level of satisfaction regarding the AT delivery system in your jurisdiction and what are the three most significant factors affecting this perception?

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DISCUSSION PARAMETERS

Each AT Project Director was invited to share the following:

Tell us some things that will help us appreciate the current status of your project. Recent activities and issues your project may be facing, specifically with regards to data collection and data management (the analysis, collection, protocols, and methodologies for data you may be using).

Perhaps as you share, you could offer some observations or recommendations of what you think we could do as a body collectively to address AT from a Pacific-wide approach.

INDIVIDUAL PRESENTATIONS

Guam System for Assistive Technology (GSAT)

Dr. Steve Spenser, Co-Principal Investigator

The Guam system for AT is operated by the University of Guam, UAP. The Guam AT project received funding in October 1994 and is about one year old. It has a consumer driven Advisory Board of 20 persons. The selection process was rather extensive resulting in 11 voting members who are individuals with disabilities and 9 non-voting members from representative agencies serving individuals with disabilities. The Advisory Board members are all volunteers. These folks are an organized and functioning group. Collectively, they have received a fair amount of training on the purpose and role of the State Tech Act.

On May 8, 1995, Guam sponsored its first System Technology Conference which over 200 persons attended. This conference was followed by the CSUN Leadership and Technology Management (LTM) conference conducted by Dr. Harry Murphy. The CSUN event was collaboratively sponsored by the DOE, DVR, Guam DD Council, and the Governor's Commission. All of our efforts have been to establish collaborative linkages with community programs and rehabilitation service providers and agencies. This has been a real plus. Eight of our Advisory Board members attended the LTM training. In prioritizing issues for the Guam AT project:

- ☐ We have a designated building on the University of Guam Campus to establish an AT Demonstration Center. There is a subcommittee

working to establish guidelines for the Center including set up, demonstration equipment, and the priorities and goals for the Center.

- Assessments are a concern. One of the key issues for agencies serving individuals with disabilities on Guam is Assessment. *How to conduct assessment? Where to get information about assessment?* Several agencies on Guam are looking to the AT Project as the source to either conduct assessments for AT or to build capacity locally in the conduct assessments. We are looking into this area.
- The issue of funding. This is a very critical issue on Guam. *Who is paying for AT? What are the mandates for the various agencies and services on Guam that could potentially be a funding source? What are the unique relationships with insurance providers?* These are all unknowns on Guam at this time.
- Looking at local policy and policy analysis to see what it means and how we fit. The hallmark of where we are is that this is the first time I have been involved in a project where the Advisory Board is truly providing the foundation and formative work for the project. They are fired up, involved, and in control of what is going on. We conducted some advocacy and organizational training with the Advisory Board while they were still forming. It has provided a jumping off point for the project as well as for the Advisory Board. It is kind of exciting.
- The AT system on Guam is evolving. I feel we are going to expand out from our core Advisory Board and reach some under served groups that may not be represented right now. The system will continue to be very consumer controlled and directed.
- The direction or plan of action for the AT system on Guam is fluid. The current direction of the AT project on Guam is to support agencies to increase and enhance the utilization of technology within their programs. The GSAT is utilizing a systems change approach (as per the LTM training) to make this happen and working collaboratively, partnering with services and agencies serving individuals with disabilities.
- Community awareness is key. People in the community do not know what AT is and need to understand it more. Agencies and service providers need to understand the role of AT as well as their potential role in the process of AT. Awareness training is critical. We have

Ten local legislatures attended this conference and they all agreed that local funds for the disabled on island should be provided. We are planning to meet in June to discuss this effort. The issues of access were discussed. This is another area that the legislature is willing to consider drafting legislation for local implementation.

Issues

- ☐ The cultural appropriateness of AT.
- ☐ Translation of information into Samoan
- ☐ Conduct training in Samoan (local language)
- ☐ Community awareness efforts that are effective; conferences and demo site
- ☐ Satisfaction with service provision
- ☐ Affecting draft legislation for local appropriations for purchasing AT
- ☐ Misperception in the community that the AT project is the place to go for AT resources including devices and services
- ☐ Procurement issues - timely and appropriate acquisitions
- ☐ Assessment and measurements for AT devices
- ☐ Island wide access issues

Hawaii Assistive Technology and Training Systems (HATTS) Project

Ms. Barbara Fischlowitz-Leong, Director

The Hawaii Assistive Technology Training System (HATTS) project is part of the Hawaii Centers for Independent Living (HCIL). The HATTS project is six years old and is going into a second 5-year cycle of funds. We initially were set up as a service oriented project. We revised the structure of HATTS along with the Reauthorization of the Tech Act in 1992. Politically some issues arose and some challenges. Our structure now is a policy coordinating committee appointed by the governor. Initially we were responsive and participants were enthusiastic until the change in legislation. The HATTS project is now policy analysis focused.

We have recently reorganized our structure and have both a *Policy Coordinating Committee* and a *Community Advisory Committee* on each of the Hawaiian islands we have established Consumer Task Forces to make recommendations on AT priorities for their geographic areas. We are

currently going through a major organizational restructuring and are in the throws or defining our new structure to make it more effective.

In the mean time, we're in Year 4. In addition to the policy coordinating committee, which has taken a different shape, we now have a new governor with new department heads. We are trying to set up another effective policy coordinating committee, because it is very much influenced by who heads that department. The administration has changed. We are very specific in that we are asking for someone who has an interest in technology and who has some influence within the department as it relates to policy.

Protection and Advocacy Subcontract

We have a subcontract with the Hawaii P&A and we are starting to focus on the contract with the P&A to see how they can be helpful in advocacy issues and working with the consumer task forces. We have divided the state up into counties and have hired half time *Consumer Resource Specialists* (hired by the project) and housed in the Hawaii Centers for Independent Living offices on Oahu and all the neighboring islands. The Consumer Resource Specialists are responsible for pulling together and facilitating a *local Consumer Task Force*. The responsibility of the Consumer Task Force is to identify barriers and make recommendations for local needs in assistive technology.

We really are in a transition period with many changes occurring especially since we made the decision to move from providing direct services to systemic change. It has not been an easy process. So we now have new positions, specific job descriptions and people who are now capable of now handling those job descriptions.

HATTS Assistive Technology Loan Program

We have established the HATTS program, Hawaii assistive technology loan program with American Savings Bank. They are so pleased with what we have accomplished so far, and it is nice to have a bank as a friend. It has been an interesting process working with the private sector, who has never worked with persons with disabilities. They have been very patient with some of the consumer issues that have arisen and it has been a learning process for all of us. We have seven loans out there now.

Loans are made out to individuals not businesses. We do not approve the loans the bank does however we assist the consumers with the loan

application and process. We ensure the client is able to meet the criteria for the loan as well as follow and understand the bank guidelines. I think the loan program is most valuable in the terms of educating consumers on responsibility and having options and choices. Many consumers have not accessed other services that may provide them the service they need for free. We are part of the process to ensure the consumer gets the needed services

Potential Opportunities

- ☐ Vendor & Entrepreneurial Symposium
- ☐ Plan to attract vendors and promote local business via economic development opportunities

Issues

- ☐ Change in focus of the project - direct services to systems change
- ☐ Assessment and evaluation issues - who can do them and who should be doing them
- ☐ Limited products on island
- ☐ Limited vendors
- ☐ Equipment repair and maintenance: timely. Cost and limited options
- ☐ Community awareness opportunities and options
- ☐ Attitudinal barriers - consumers, service providers and policy makers
- ☐ Advocacy
- ☐ When Hawaii is forced to send somebody to the mainland for evaluation, which they are, on occasion, they don't like it and the cost is phenomenal to the system.
- ☐ The products (for AT) themselves are very hard to come by. There are no vendors.

Republic of Palau: Issues in Assistive Technology

Mr. Scott Katz, Coordinator Palau Interagency Office, Koror, Palau⁴

The Interagency Office was established in July 1994 as part of an effort to improve coordination of services for those with special needs in Palau. The Interagency team is comprised of representatives from several agencies and ministries including the Vocational Rehabilitation program. We are

⁴ Written response received from Mr. Katz on AT in Palau.

currently in the process of designing and implementing a system of care for all of those under 21 years of age with on-going special needs in Palau.

The questions posed in your questionnaire are relevant and important. Unfortunately, most of them can not be answered at this time. Palau is simply not at a level of development sufficient to address these details. In fact, I am not sure that 'assistive technology' or the population that could benefit from AT have been adequately defined on a local (or regional) level. An organized AT delivery system does not exist on Palau, but we are currently in the process of laying the foundation for creating a system of caring for people with special needs here.

We do have a very preliminary data set that identifies 156 children in Palau with special needs who are already known to Health, Education and Social Services Agencies. Some of the Children would benefit from some forms of AT and it is my hope that we can develop some simple system of identifying their needs.

There are several issues that must be addressed before Palau is ready to address the questions you have posed. First a system of screening, identification, assessment and treatment planning for those with special needs must be completed. In addition, locally appropriate definitions of "AT" and the populations who can benefit from AT must be discussed.

As you are aware, technology and systems that are blindly imported from the US often fail in the Pacific. An appropriate goal for the future should be to identify assistive technologies that fit here and are sensible and sustainable. While I am unable to attend your up-coming conference I am available by phone or FAX to discuss these issues and share our local data.

PRACTICAL APPLICATIONS OF DATABASE MANAGEMENT

Janet Guerrero, Research Analyst, RRTCP

Note: Ms. Guerrero's presentation was augmented by slides which are presented in Figure 1.

INTRODUCTION

Ken asked me, given what I know about the AT projects and the availability of resources in the Pacific, that if I had to collect data, how would I do it. We talked about some of the challenges faced by constituents in the Pacific such as the availability of product support, limited funding, and limited access to knowledgeable resources. Additionally, some of your projects are literally starting from scratch. Any data tracking system you develop should be flexible. It should be able to track your cases, and provide the data necessary to comply with federal reporting requirements. So, I thought, does anyone have a relational database?

I sat down at my computer and said, what software is available? You all have my agenda and I will go through a series of slides (see Figure 1) as I discuss each point of this presentation. I am at slide 2 and you can follow along.

I'm using a program called Power Point for my presentation this morning and it's great. Does anyone else use it? Microsoft is nice. I will have to apologize to Steve, there are at least two slides in here that are slanted toward IBM. The software is available for the MAC.

This is just general overview of what a relational database is and I will briefly talk about a it. This step comes after you design your method of data gathering; are you going to use the phone interview methods or face-to-face interviews, will the clients fill out a survey form when they come into the office, etc. This is at the point where you enter the data, compile it and use it for your evaluation or export it out so Dr. Sheehan can compile it as part of the National AT Report. *So what actually is a relationship data base?* I was never really able to find a good solid definition. I think that this sort of describes it in a very nice way; it's a collection of data tables linked together by common elements or variables versus a flat file cabinet design where everything is very specific and grouped at various levels.

San Diego State University
Interwork Institute
Rehabilitation Research and Training Center of the Pacific

ASSISTIVE TECHNOLOGY SYMPOSIUM:
RELATIONAL DATABASES

Presentation by Janet Guerrero

<u>Slide 1</u>	Outline	
<u>Slide 2</u>	What is a relational database?	
<u>Slide 3</u>	Advantages and Disadvantages	
	<u>Advantages:</u>	<u>Disadvantages:</u>
	• Can use microcomputers • Products available off the shelf • No "programming" for off the shelf products	• Product support • System requirements
<u>Slide 4</u>	Characteristics of a good database	
	• Easy to use • Provides choices	• Expandable • Well designed
<u>Slide 5</u>	Off the shelf vs. Customized	
	• Off the shelf less expensive and readily available • Off the shelf can usually accomplish 90%+ of needed tasks • Customized does <i>exactly</i> what user wants • Off the shelf usually more flexible	
<u>Slide 6</u>	Usual system requirements	
	• IBM compatible 386/20 or greater • 25-30 Mbs of hard drive space • Mouse	• EGA, VGA monitor • 6 Mbs of RAM (8 is better) • MS Dos 3.1 or greater • MS Windows, Workgroups, or NT
<u>Slide 7</u>	Steps to build a database	
	Phase I:	Phase II:
	• Identify "programmer" and product • Create models for reports • Create models for data entry screens and procedures • Develop and test	• Train staff • Implement database • Revise as necessary
<u>Slide 8</u>	Some available products	
	• Foxpro • Access • Paradox	

Primary Source: M. Steadman, CSUN 5-95

Figure 1. Illustration of slides presented.

Slide 3. The *advantages* are you can use microcomputers and just about everybody has one. I know that's a broad statement. You can also upgrade your computers to meet the specifications for the available software. The

software is available off the shelf and is easy to install. There is also, something like D-Base commercially available where you can have someone come in and actually program, customize it. These products are readily available, with the exception of support, and documentation. However, people outside of the manufacturer have a lot of documentation—Quatro, Paradox and those programs--there are companies who have dedicated themselves to rewriting user manuals. Then you have non-programming softwares that are menu driven, so you can set up your own forms, set up your own relationship within the database. You don't need to take a programming course to utilize the software.

I have product support that under disadvantages, because sometimes it is difficult to get support. Sometimes documentation is not very explicit, it can be difficult to get through to their technical support line, and it can be costly. Then there are system requirements. I also have this under *disadvantages*, because sometimes, there is a bare minimum that your system needs to have. I don't think that anybody has to go out and buy a new system, although that would be nice. The reality is a lot of people can't do that. The program will run, it kind of runs slow, there is always the option to upgrade your system to try to meet those minimum standards.

The *characteristics of a good data base*, Slide 4. It is easy to use, most of the interface is point and click, it provides choice and does not rely on user memory, meaning you don't have to go searching cue cards or references, everything is right on the screen.

The third one is expandable. If you design something to meet *Draft 7* and when *Draft 7* is modified, your database needs to be able to accommodate it. It needs to be expandable and portable, which means you can all share information and you can export information to somebody else. It is well designed so that anybody looking at the screen has an idea of what to do.

Slide 5 *Off the shelf versus customized*. Off the shelf is "readily available". Off the shelf will accomplish 90% or more of what you need. It may take a few extra steps, but you are still working within the framework of that product. Nowadays, there are very well written and can accommodate ninety percent of what you would do or need to do.

Customize will do exactly what the user needs. Then again you get into expense issues, you can pay a programmer to spend three months with you,

customize your software, that may be nice, but sometimes when you go that route what you're paying for is just that, it's not an expandable system and accommodations can't be made. We learned this at Interwork Institute when we had someone come in and develop a MIS system for us which was customized but not expandable. Off the shelf tends to be more flexible and that is just what I was saying, and another thing, after the programmer leaves and you need more support that's going to cost you, that's outside the original contract.

This is just *typical system requirements*, **Slide 6**. It gives you an idea of what you might need. A 386 computer, that's the bare minimum. Now a days with technology moving so fast the Pentium 90 is the way to go. I don't have a price on them. Hard disk space somewhere between 25 and 35 megabytes, depending on what program you get. Mouse pointing device, color monitor, 6 Mg random access memory or RAM, MS DOS 3.1 or better, Windows, work groups or NT. These work groups and NT are for network environments. If you are an agency that has a network environment, it is no problem to run this data base and no problem in actually incorporating some of the other information on your system.

Stages to build a data base **Slide 7**. I built this up in **Phase one** and **Phase two**. Phase one is really the crucial part of the whole process. You need to identify a "programmer" and the product that you are going to use.

Phase 1 really takes a lot of time because you need to create models for the reports that you need, reports that you want, and for the forms that you are going to fill out. You'll need to communicate with those responsible for actually completing the forms and make sure that they can follow the form easily. You'll want to create a prototype for the model and test it. It is estimated that Phase 1 will take three or four months for someone who is experienced, who knows about databases and also understands the needs of your project, that's where they need educating.

Phase 2 conducting your training. In training your staff you'll need to create documentation for the database you create. You'll need to document everything--reports, forms, process, data entry, etc. This is critical. Allow for a period of testing and revision. Let your staff work through the process and allow for staff suggestions and recommendations.

Slide 8 I have listed several products available for building relational databases. Foxpro is available for both PC and Macintosh platforms. Access and Paradox run only on IBM compatible PCs.

Your database can reflect anything you want it to. This means you can collect the required reporting information, but also any other information you feel important. It can be a tremendous tool for information and referral, case tracking, program evaluation and planning.

DISCUSSION POINTS

Comments:

- ◆ I mean a lot to be said for collecting data for data sake, what is—when you create a data base Janet, how you conceptionalize what is appropriate?
- ◆ With regard to data and data collection it really needs to come back to that question when you're sitting around with whoever is deciding what's important, you ask the question, how will we measure this? how will we know what's important, what we think is important, then it becomes part of the data system.
- ◆ That's important how we use data to promote how we do our mission, that's an advocacy role and the question is how do we use the data system to promote advocacy?
- ◆ To me all this information gathered on special education. I'm absolutely certain you can collect all kinds of data about counting numbers of times you talk to people, number of kids, and these kinds of placements. It speaks nothing to the effect, the quality of the program, what happened as a result, we do these quantum leaps all the time, assuming that we do X Y and Z, measured -- quality of service, without knowing the quality.
- ◆ That is an important quality for me, the data system needs to provide me feedback periodically to help me shape and prioritize my project, outcomes, and expectations.

PRACTICAL APPLICATIONS OF ASSISTIVE TECHNOLOGY

Note: Assistive Technology (AT) plays a vital role in the day to day lives of individuals with disabilities from all walks of life. AT has become a major emphasis in the disability movement as AT is a life long process not a one time occurrence in an individuals life. Two presentations were conducted by Interwork Institute personnel to address the practical applications of AT.

TECHNOLOGY USE, APPLICATION AND ASSESSMENT

Caren Sax, AT Specialist, Adjunct Faculty, Interwork Institute, SDSU

I have brought with me today some sample assessment tools that look at high tech and low tech adaptations and modifications for individuals with severe disabilities. At the Interwork Institute here at SDSU I teach a course on Assistive Technology along with Andy Szeto, a professor in the Electrical Engineering program at the University. We bring together students in Special Education and Engineering to learn about assistive technology. They learn a little about everything there is to learn about AT in a semesters time. Through this course students are required to make an adaptation for an actual individual. That is their course project. Students work in teams and each individual brings their individual expertise and knowledge to the team. This team approach does a number of things for the students learning. Students learn to:

- ☐ share resources
- ☐ share varied views
- ☐ brainstorm for ideas and direction
- ☐ learn to work with the individual for whom they are making the adaptation.
- ☐ network
- ☐ become creative and see things differently
- ☐ build an adaptation device

As for the funding of projects, we have had varied successes including the individual family paying for materials and supplies for the device or even having the materials donated. In terms of funding, networking and sharing resources has been most helpful. Word of mouth has also been beneficial.

As the teams begin to formulate and a consumer has been identified (a referral has been made), we take the consumer through an assessment process. We do a basic low tech assessment that looks at the whole person (the person centered process). As you know the assessment process is critical and draws from a variety of disciplines including Physical, Speech, and Occupational Therapy, etc. During the course of the semester we do not have all of the expertise to do a thorough assessment but we can do a lot of preliminary groundwork by asking the right questions to glean basic information. We have experts available to fine tune the process as needed. We are not looking to create new technology but rather are giving students the opportunity to make adaptations or customize existing AT that will better assist the individual consumer. The forms shown in Figure 1 starts the process. The referral form and the inventory forms guide the initial assessments and process for identification of need to assist in this process. The milestones keep us on track (Figure 2).

During the initial referral process we are trying to get people who are looking for technology to have a goal in mind. That should be the basis for technology. What the individual user wants to do, the features he/she wants, the use of the technology, this is the person centered concept. It is not a new concept and it keeps the individual involved in the process. There are several versions of these types of forms and or questionnaires. We are really trying to get people familiar with the process of problem solving and brainstorming for AT. For example, many people do not know what they want from technology. It may result in an adaptation, piece of equipment or simpler still a modification of the environment. There are a lot of things to look at in terms of what is going to help the person do what they want. Getting input on adaptations and devices from different people is a good idea, particularly kids. Kids are a really great resource, they don't set limits.

Some of the ways in helping people look at their priorities, include the checklist (Fig. 2) that helps look at features of the device or adaptation. Again, what is it that we can narrow down, is there something already out there, once you start to narrow down all the features and the properties, then you can start looking at your product. There are a lot of the vendors that have the commercial products available. If you are really clear on what all your priorities are then you can seek out commercially available items to match what the consumer wants. Regardless of whether it's high or low tech as long as it matches the requested or required properties.

Figure 1. Initial Referral and Assessment Forms

Tech Project Milestones

1. Initial Request for Tech Information
 - * Referral submitted
 - * Contact made with requested individual
2. Basic Research Initiated (to determine if similar adaptation is already available)
 - * Hyper-able data
 - * Mini-Center resource/staff
3. Data Collection/Assessment
 - * Observation/interview done with requested individual
 - * Additional information obtained from family, school/agency staff, significant others
 - * Assessment completed ("Tech Team Inventory")
 - * Videotape made if necessary
4. Tech Team Assigned
 - * Add members with appropriate technical expertise to existing IEP/TP team (A variety of disciplines should be consulted as necessary)
 - * Set up team meeting to develop initial plan of action
5. In-depth Research
 - * Literature search
 - * Contact local, state, national resources for relevant information
6. Concept/Design
 - * Brain storm with team members
 - * Initial drawing made using input from team
7. Prototype Construction
 - * Model built for adaptation
8. Field Test Prototype
 - * Individual uses adaptation in natural environment
 - * Assess pros/cons of adaptation (follow-up video may be taken)
9. Modifications
 - * Changes made as necessary
 - * Consideration of efficiency, aesthetics, cost, durability, etc.
10. Final Construction/Utilization
 - * Final version of adaptation constructed according to team specifications
 - * Implementation in natural environment with continued observation to ensure appropriateness of adaptation
 - * Follow-up as necessary
11. Documentation
 - * Videotapes, slides, photos of adaptation completed and filed in database and resource library
 - * Drawings/blueprints of designs, adaptation completed and filed
 - * Case study information organized/ready for evaluation
12. Evaluation
 - * Evaluate process
 - * Evaluate impact on target person's life-style as related to integration, independence
 - * Case study file completed
 - * Longitudinal follow-up plan designed

Adaptation Evaluation Checklist

- _____ Individualized
- _____ Performs intended functions
- _____ Sufficient instructions has been provided to learn to use
- _____ Facilitates independence and autonomy (Reduces need for paid assistance)
- _____ Least intrusive means of assistance
- _____ Attractive and safe
- _____ Fits contexts of the environment
- _____ When possible, within control of the individual
- _____ Can be faded
- _____ If no intention to fade, used to greatest extent possible
- _____ Results in acceptable rate, quality or improve performance

Udvari-Solner, 1991

Figure 2. Milestones in the Assessment Process and Checklist of Features for Adaptive Devices.

I have received calls from persons looking for a recommendation on an AT device or adaptation. I have provided this information at no cost. Others have considered sending videotapes for recommendation on devices and services. We have actually considered this conceptually for our region and specifically for the Pacific jurisdictions. We could be an initial point of inquiry for questions and answers for AT devices and services. This may be a replicable model across the Pacific.

A comment on resources, there are several projects designed to provide information such as Able Data, Project Enable, JAN, and RESNA. Several of these are available on-line. In fact I do a lot of information sharing and resource solicitation by E-mail. There is a lot of useful information and it is readily available to all of you. I also take advantage of my personal contacts to make things happen. One thing about networking and utilizing all contacts is that we end up getting expert information and suggestions at the rate of a phone call.

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DISTANCE APPLICATION OF TECHNOLOGY FOR LIFE LONG LEARNING

Tom Turner, Project Coordinator, DLTT, Interwork Institute, SDSU

A. Introduction

The Distance Learning Through Telecommunications (DLTT) project, is not a stand alone project. We are a support project to all of Interwork Institute and all of our constituencies. We try to provide information and help develop and maintain communication. We also share educational opportunities and information.

We started on multiple directions but we're not going to keep up with what we are doing. We started in multiple directions by setting up a Bulletin Board Service, developing strategies to link to the Internet and getting our various constituencies hooked up. We are really trying to see how we can best assist the people out in the jurisdictions and around our region. We do have the Bulletin Board Service now and it offers a lot of information. We have a calendar and we have space for our constituents to set up their own forum areas or information areas called meeting places. This can be accessed by the Internet. For Hawaii and points east, it can be accessed by an "800" number. For anybody else it can be accessed by a long distance call. We have access to the Gopher Site here on campus. For a past year and a half, we have attempted to develop linkages through PEACESAT. The PEACESAT is located in Hawaii and offers free telecommunications services to various points in the Pacific. I think that the potential there is wonderful, and some of you are probably tapping into now.

The capabilities of the PEACESAT is that they have sites basically scattered throughout the Pacific. The program is funded out of the Department of Interior and I don't know who else, but it has some connections with the Land Grant Institutions through out the Pacific and these are community colleges that have an agriculture affiliation. At any rate, there are portions of time on that satellite that can be used by your agencies. They have the capabilities to do voice communications via conferencing. They have some data transfer capability right now, where any of you, allegedly, can have an E-mail Internet account through PEACESAT. This is done as a local call for all of you. They have set up a really nice Bulletin Board. Access to the Internet in the Pacific is in various stages of development. Guam I know has the capability because it has its own hub site but as an alternative right now PEACESAT has a very nice capability.

B. Capacities at the Interwork Institute

We are able to do teleconferences via satellite communication. We have completed two conferences which had a national broadcast. We have developed videotape programs for course work or classes on video tape. And have been successful in having students dialog on it via the Internet or by fax it. One of the things that we've been doing quite bit of is compressed video conferencing. I understand that on Guam you have this capacity. It may be considered expensive (\$300/hour) but in terms of an alternate to travel costs and logistics especially for the Pacific. This has tremendous potential. We

have been using that system here for this last semester and we conducted three classes on medical aspects of disability. It work very well. We have learned a lot of better ways to format presentations and information.

We also have some desk top videoconferencing equipment which is about \$5,000 to break down video desk top conferencing as training methodology what you have as a desk top video unit is you have a PC and a PC screen with a little camera that sits on top of the PC. But basically what it means is I can sit in front of my computer with this little camera on top of it and through this special telephone line I can connect, by dialing in a telephone number, I can connect with another one of these desk top systems. There'll be somebody sitting on the other end with a PC, and they're sitting in front of their screen. And after a little kicking around in the end, my picture comes on their TV picture, a picture of me, and their picture comes on my TV, and I see them and they see me. We also have the audio part, so we can talk back and forth and see each other. Right now the picture is a bit jerky but the technology is being developed as we speak. Through this technology I can review documents or projects or whatever by this method. It would be a provocative means to communicate with persons in remote areas such as you all.

The opportunity to utilize this technology for assessments and case conferencing is tremendous as well. We are going to try this with Sharp Rehabilitation Hospital here in San Diego

At the Interwork Institute we are very committed to advancing the capabilities of technology and we are sharing a lot of information regarding distance learning. The biggest hurdle or piece of change or whatever you want to call it to making things happen is the human factor. The human factor right now includes and requires a learning curve. People are very busy at their jobs and they don't have time to learn how to save time or they may not have the money to buy the equipment to learn how to save time, etc. But see each of your situations is a little different, so I need to be told what you want me to do for you as well as what I can do for you.

Telecommunication capabilities in each of your jurisdictions is alive and advancing it will be up to each and everyone of you to decide how much you want to participate in this effort and how much you want to invest in the process. We can offer technical assistance and expertise. Again we are here to help.

C. Discussion Points

□ Telecommunication Issues for the Pacific

Positives

1. Potential for use is enormous
2. Audio/teleconferencing capabilities
3. Access to information at one's fingertips
4. Assessments via desk top videoconferencing
5. Collaborative effort to enhance capabilities for telecommunications
6. Shared costs, personnel and equipment
7. Access to SDSU
8. Personnel, courses, library, homepage, Bulletin Boards, teleconferencing capabilities, resources -people, programs and services and technical assistance/troubleshooting

Negatives

1. Wiring and compatibility of systems
2. Access
3. Equipment
4. Time frames and time zones
5. Limited capabilities
6. Cost for expansion and or improvement of existing systems
7. Politico environments

Potential Use/Outcomes

1. Distance education coursework
2. Audio/teleconferencing
3. Assessments via desktop videoconferencing/audioconferencing

PACIFIC BASIN STRATEGIC PLANNING FOR ASSISTIVE TECHNOLOGY

Facilitated by Dr. Kenneth Galea'i, Co-Director RRTCP

Note: The following is a compilation of key discussions conducted by the Symposium participants and future plan for collaboration and involvement with the RRTCP at SDSU.

The symposium for AT in the Pacific provided an opportunity for new partnerships and relationships to evolve and become cemented in the collective efforts of those at the discussion table addressing Assistive Technology for persons with disabilities in the Pacific. The concept of systems change, data collection and data management were deliberated at length as the State Tech Act Project administrators exchanged ideas, frustrations, issues and concerns related to their doing quality work for consumers in their jurisdictions. The charge given to the AT projects (by NIDRR) is immense. The impact on long standing service systems if done as intended would change the way rehabilitation is being done in the Pacific. As the AT project administrators are struggling with their own jurisdiction nuances, discussions regarding a regional (collective) perspective on AT in the Pacific was a common theme. The issues presented did in fact cut across all jurisdictions and will have implications across the Pacific region as the AT Project Administrators in concert with the RRTCP at SDSU collaborate on the issues.

The issues raised are all real issues. The AT Projects are basically responding to Federal Funds and Federal Mandates. But again, what does it mean locally and what impact are you going to have to do locally to maintain and sustain these programs to help the services improve and thus result in quality care. The quality of life issue for people in each Pacific jurisdiction is the bottom line. *So what if AT goes away, who's going to be there to continue it and what impact is it going to have or who's going to be left? And for local impact, what difference are you trying to make?*

The following discussion points address some of these questions and concerns.

A. Common Themes in AT Across the Pacific

Utilizing a nominal "group process" for decision making, barriers, strengths, uniqueness and priorities are articulated. The process built on the discussions, presentations and references shared over the course of the three days. The following capsulizes the common themes and projections for priority areas for joint examination.

☐ Barriers for AT in the Pacific as identified by the participants

- * *Attitudes*
- * *Procurement issues - timely acquisition*
- * *Resistance*
- * *Lack of community awareness*
- * *Lack of service provider awareness*
- * *Lack of interest*
- * *Lack of common direction among service providers*
- * *"seamless system" is non existent*
- * *Services are fragmented*
- * *Policy is different from practice*
- * *Policy not regulated or monitored*

☐ Emerging themes in AT as discussed by AT project Directors

- * *Procurement Issues/Process Locally*
- * *Assessment*
- * *Staff Development*
- * *Communication*
- * *Capacity/adaptations*

☐ Data Collection

- * *Assessments for AT from a regional approach is an expertise void*
- * *There is a personnel void in the area of assessments*
- * *Personnel costs are prohibitive for assessment experts*
- * *Vendors and services*

B. Regional Concerns Around AT

Some regional concerns around Assistive Technology were raised and documented here for reference and future deliberations.

General Comments on Regional Concerns:

- ◆ An issue in all the jurisdictions is the availability of funds. The local Government for the most part is identified as the lead agency to receive federal project funds. Local practice seems to supersede federal mandate or legislation.
- ◆ Procurement -- Government cash flow issues may impede the process of purchasing AT devices and services as well as contracting for professional assistance of assessments and fittings. Local government practice around funding availability needs to be considered especially in light of the discussions at the national level surrounding unfunded mandates, block grants and budget cuts.
- ◆ The RRTCP is trying to interact with people who are not here at the table today. People from Palau, the Marshall Islands, and Micronesia, who do not have NIDRR projects for Assistive Technology but are involved and concerned and attempting to address AT issues with limited or non-existent funds or the expertise that you all are collecting and developing. When we start to talk about systems, systems change in that construct is also something, that when we take a look at the Pacific, factor in on our discussions—it's a regional issue.
- ◆ One of the regional issues connected to the data management issues, very much related to assessments, because we know the expertise is so thin. You know, throughout the region this is a concern. How to do assessments and how assessments impacts or is a part of data collection in the first place. I am interested in pursuing those kinds of discussions. For example, How can we do a screening type of assessment that might lead to ask me the right kind of questions? When do we know we need further evaluations? How about tapping into distance video, things like that. We need people on the islands with at least threshold information to ask the right kind of questions. Baseline assessments, screening assessments because we'll never have that range expertise to handle all of the different needs of individuals with disabilities.
- Regional Examples for Potential Innovation or Application in the Pacific
 - * *Assessments via videoconferencing (concept of Telemedicine or Telestaffing)*

- * *Video assessments sent to experts for analysis and recommendations and follow-along, Working in tandem with local service providers and professionals.*
- * *Distance education and demonstration of capacity. The UOG conducts a nurses training course, at several Pacific community colleges using computer, digitized video via satellite communication. It has been operational for the past year and it is working. This capability is available and it works. It is up to us to capitalize on it.*

□ **Regional Outcomes**

- * *Regional approach to AT*
- * *Jurisdiction specific issues*
- * *Conference calls for collaboration and discussion follow-along*
- * *Convene a greater group of AT people in December 1995*

C. Data Collection and Outcomes

What is it we want to do? What is it that we want to have happen after we do the things we do? And what can we do together? What is going to be the outcome? What do your constituencies and advisory bodies want to see occur, especially, when we start to talk about systems change? Have you got a sense of that?

Over the course of our discussions four themes have emerged: Procurement; Assessment; Staff Development; and Communications. *Do you have a sense of the priorities for you jurisdictions around these themes? Given these four areas for further study, which would be the two most important to address?*

PRIORITIES PER JURISDICTION				
	AMERICAN			
PRIORITIES	SAMOA	CNMI	GUAM	HAWAII
1 = Assessment	2	1	1	2
2 = Communication	1	2	2	1
3 = Procurement and Process		3		
4 = Staff Development				

Comment: All 3 priority areas go together

❑ Regarding Data Collection

Looking at the data instrument *Draft 7* it addresses the kinds of things you were asked before you came out to think about: How many consumers are there (even if you have an estimate)? How many products are they using? How many vendors? and how many pieces of legislation have been implemented or are in place? *Draft 7* tries to address all of these issues for you.

So the prospects of us being able to come back to some quality information, something that was mentioned about "**Focus Group Methodology**" probably provides us an opportunity for people who would even listen, to begin to hear, not only what our issues and needs are but the kinds of successes that we've had. What have been the outcomes from people who participated or received assistance technology. What's different about their lives? And as we, they begin to acknowledge and receive the things that they thought would be different, how can we continue on those successes

Comments

- ◆ For the Pacific, the qualitative information is always going to be more important than the quantitative in terms of depicting the island phenomena. The quantitative will always support or back up the qualitative. But when you really get down to asking, the issue is have you made a difference? It will be the stories that people tell that made a difference. We want success stories. We do not and we know we are not going to get the numbers.

Do those numbers make any difference at all?

- ◆ **Responses:** No, it's not good because our jurisdiction does not do anything based on numbers. Because they just take, any, anything that they do, they just take Federal Census Data and they break it down to our population. I mean, that's how they operate. Numbers have never meant anything. I just tell them what I want. And if they ask the wrong question, I give them the right answer, and they're happy. Just make them happy. What do they want from me? We know that in Hawaii it's going to take my personnel, as well as a couple of other people, personally sitting down with legislators which we're just starting to do.

That's where it's really going to happen. I know that. So I can, I know I need the numbers.

❑ Building Local Capacity

It has to do with this rehabilitation engineering stuff that we don't have that capacity to do the adaptations. And so, it's not a simple procuring issue because most of the AT stuff as far as I'm getting attuned to, it's not stuff that you simply pull off a shelf and say here it is. The capacity to do customizations and adaptations. To a large extent then what is locally available, local materials to do those kind of adaptations, that's a capacity question.

Do you have some very straight forward data figures? Do you have estimates on numbers of consumers, products or vendors?

- ◆ **Response:** State of Hawaii is just 10% other jurisdictions "No".

Whatever numbers you projected is that going to continue to help you survive? Locally and or Federally, is it going to jeopardize your survival?

- ◆ **Response:** "No", I guess the question I asked is, is it necessary? defining the population is a problem.

Do we really need to count?

- ◆ **Response:** We are all wedded to Draft 7 by NIDRR.
- ◆ **Response:** I think that quantitative stuff will be driven by NIDRR and RESNA and they are going to march us through that processes. If you create a forty page survey then you're also need to give me a lot of technical assistance on how to fill it out if you want validated information. I don't think it would be wise to invest a lot of energy in that.

This issue of qualitative methodology the question is, how does that methodology support systems change effort?

From a procurement point of view, or from an assessment point of view, how can I use those focus group methodologies or that qualitative methodology to enhance the process of systems change? Okay? So, it's just the idea of doing an evaluation or doing research or doing whatever. We

affect the systems change process or we enhance the systems change process through those themes by that methodology.

This open forum has offered an opportunity for participants to talk about projects, functions and priorities. This has also provided an opportunity to address and develop some individual and regional issues. The areas and issues raised have implications for future collaboration. RESNA has offered to provide TA and to coordinate efforts with the RRTCP in addressing the needs of the AT projects in the Pacific. The insights and issues shared and discussed by the AT project directors are real and will have a greater impact on the quality of life issues for individuals with disabilities in the Pacific Basin. These issues provide a "picture of AT services in the Pacific". We will continue to share ideas and explore further options, opportunities, and strategies to address AT in the Pacific.



SECTION 2

Assistive Technology in the Pacific: Future Directions

December 3-6, 1995

Agana, Guam

Section 2 contains the presentations and discussions from the second AT symposium held in Agana, Guam, December 3-6, 1995. This symposium brought jurisdiction teams together, representatives of several government/rehabilitation agencies, service providers, consumers or parents to begin to address AT from a much broader perspective.....a regional perspective.

The Jurisdiction Action Plans are presented at the end of this section and are the focus of further research, training, and technical assistance in AT for the RRTCP at SDSU.

INTRODUCTION & OVERVIEW

Dr. Kenneth E. Galea'i, Co-Director, RRTCP

Note: The following introduction is a condensed version of Dr. Galea'i's introductory remarks and discussions conducted during the three day symposium. The information presented here sets the tone for a participatory approach to research, training and technical assistance with individuals representing six Pacific jurisdictions. The parameters for jurisdiction teams action plan development for assistive technology is also presented.

Dr. Vincent Scalia, Dean of the College of Health and Human Services at the University of Northern Colorado when working with managers and administrators uses a piece of string as an analogy for the challenge of leadership in human service organizations. He challenges each of the participants in the room to take that piece of string and with your fingers try to push it forward. After multiple attempts it is clear that pushing from behind does not get the string to go in the direction you would like. But if you take your finger and press down from the front of the string you can drag or pull it in any direction you determine.

For those of us concerned with the Assistive Technology in the Pacific our string is like a rubber band. Much like the string it will wiggle in multiple directions if pushed from behind. It too will be dragged from the front to a desired direction. However, if we gather many pieces of rubber bands that were once separate and alone, bind them together as one, we can push from behind and pull from the front. If we gather enough pieces of rubber band together not only can this mass be pushed but it can be bound to heights never seen before by one piece of rubber band. That is our goal at the RRTCP, to gather the various bands from across the Pacific, share with them ways to gather together, and support this newly configured collection of bands into unseen heights of accomplishment.

This requires an approach that is different from the others. Ours is a participatory action research approach. In this approach, we look to those who are from and in the Pacific to guide and direct the work of research to facilitate achieving new heights. Last night when we presented the new computer to the University of Guam, UAP that is armed with videoconferencing capability, software to communicate over phone lines, we hoped to develop those bands that draw us together as a fraternity of scholars

in the Pacific. A fraternity that is deeply committed to improving service systems for persons with disabilities in the islands, and committed to doing so consistent with our traditional island values, mores and cultures.

Rehabilitation research in this context is not the same, it is not business as usual, but business as unusual. It is rehabilitation that is based on a different set of cultural values and mores. As such, when we come to you and ask you to join us in these endeavors we can not do so with our hands empty. As an example of our appreciation and commitment to each jurisdiction and to challenge each of you to improve the services for persons with disabilities where you live, we have brought for your use when you return to your islands, similar computers armed with the videoconferencing capabilities. This will enhance our network and communication capabilities across and within the Pacific. You will be leading this improvement.

During this Symposium we have devised an exercise that will ask you questions, challenge your assumptions and force you to clarify your needs, wants and wishes. This clarification will set the stage for customized research protocols which will evolve from our what we will call a 3R process of Rehabilitation Research Roundtable. The 3R process is developed to facilitate your identification of areas of research you would like specific consultation, and our staff will provide the expertise directly to you. Completing the solicitation of information from you, clarification of your perceived needs, wants and wishes; and customized research consultation we will also share with you a regional technological tool for the videoconferencing equipment that will network you with us and varied expertise on the mainland to consult, train and exchange information as never before done in the Pacific.

After all these process functions are completed we will ask you to use the new information, new skills and new relationships developed here at the symposium to develop Action Plans for assistive technology in the islands where you live.

This is our concept of participatory action research. The research process that we support is consistent with our island cultures and is based on our belief that the values espoused in the Rehabilitation Act of Independence, Integration and Inclusion are truly important parts of life for all Americans. It is our challenge to see that these qualities and our working together is actually a way of doing business that reflects our traditional way of looking at our environments.

While we are appreciative of the many efforts to assist our islands from those who are external to us, we must share our concept of life and living. It is a concept that is starkly different from the perception of many on the mainland. The islands of the Pacific are not just remote islets and atolls, sparsely populated and removed from development and technology. We are the people of Oceania, inhabitants of the largest and greatest ocean on the earth. The water between us has never divided us, or set boundaries for our peoples, it serves only to connect and bind us as the waters on the shore is the same that touches the sand on each beach. It is this concept, this cultural perspective that we must begin to share more clearly, here at this symposium and in our research to demonstrate another model for improving rehabilitation that can be replicated all over the world. It is our challenge and can be our gift to those that watch us, together, reach new heights.

WHERE ARE WE WITH ASSISTIVE TECHNOLOGY IN THE PACIFIC?

Tania Huff Farley, Coordinator of Training, RRTCP

Note: This presentation provides an appreciation for Assistive Technology based on personal experiences of the presenter as well as provides a compilation of discussions addressing AT issues in the Pacific as presented by the AT Directors at the symposium held May 1995 in San Diego, CA. This presentation was augmented by overheads and discussion. Unfortunately this session was not recorded.

INTRODUCTION

Why is Assistive Technology important?

"It is important because, through the use of technology, we are providing individuals with improved functional capabilities, not aides and devices."

(Anderson, S., et al., 1992)

All of us would agree that Assistive Technology (AT) plays a vital role in the day-to-day lives and activities of individuals with disabilities. Nationally and internationally, the use of and access to AT is an integral part of the life span (from birth to death) of an individual with a disability. AT has become a major emphasis in the disability movement. The benefits, use, and application of appropriate, affordable, and usable AT cannot be minimized. Rehabilitation research literature addresses the need for quality and comprehensive assessments for AT devices and services, consumer involvement in the process of evaluating and selecting appropriate technology, and sufficient funding for AT services and devices. Technology abandonment studies cannot be ignored. Keeping current on AT services, devices, and advancements is a critical challenge for service providers and consumers alike.

Technology for persons with disabilities has come a long way. My first experiences with AT were in the form of hearing aids, eye glasses, crutches,

leg braces, wheelchairs, and prosthetics. These devices were viewed as simple modifications to one's life style and they served a specific purpose - helping individuals to see, hear, walk, sit up, and move easier. Enhanced and innovative technologies have created opportunities for individuals with and without disabilities to do more and accomplish activities faster and easier.

An example of enhanced technology is the telephone. What started as a simple device or tool if you will, has evolved into a necessary and essential tool for everyone in several diverse settings. We have telephones in our cars, in our back pockets, in elevators, and even bathrooms. Telephonic technology for individuals wanting and needing to communicate is abundant. Today we can talk and communicate over phone lines using computers. We see each other as we speak by way of videoconferencing and later, by tomorrow hopefully, we will see this technology in action. We will also discuss its application and usability as a model for conducting AT assessments and consultations with experts on the mainland, around the Pacific, and in other places with appropriate linkages and hook ups.

Other types of technology impacting our field of rehabilitation include voice synthesizers, TDD/TTY capabilities, captioning, voice mail, touch tone and auto dialing. For the most part, adaptive devices, in this case devices and tools that have evolved over time and experience, are making our lives easier. All of these progressive adaptations to the original telephone have evolved as a result of consumer demands and expectations to do more, easier, faster, and cheaper.

In today's society, technology and communication, or telecommunication, are synonymous. People see them as one in the same. Technology, in my opinion, is not an end all but an evolving process. What is state-of-the-art technology right now may be obsolete tomorrow. However, what is considered valuable or consequential, does the job and fits the situation in a particular environment and for the individual, should also be considered state of the art. This can be high tech, low tech, or even no tech; just plain common sense.

WHAT DO WE KNOW ABOUT AT IN THE PACIFIC?

For starters, three specific, NIDRR-mandated priorities for the RRTCP address assistive technology.

- ◆ *Priority 2:* Identify or develop, assess and promote the use of AT devices and services appropriate for use on the islands in the Pacific basin other than Hawaii.
- ◆ *Priority 5:* Develop and provide pre-service and in-service training that is culturally relevant, including training on advances in assistive technology devices for rehabilitation personnel.
- ◆ *Priority 9:* Cooperate with the Hawaii AT project, and vocational rehabilitation programs and other RRTC and Rehabilitation Engineering Research Centers addressing related problems.

To begin this process, we set out to identify and review prior research conducted in the Pacific as it relates to assistive technology. In 1987 there was a study conducted by Jeff Heath, an Australian and an individual with a disability, which looked at consumer- and community-based rehabilitation efforts in 11 island countries in the Pacific. Mr. Heath traveled around the Pacific for a six month period talking with consumers, service providers, and government officials about rehabilitation in general and the provision of services. From the onset of his travels, he was told that there will not be much to see or review. In his study he found this statement to be far from the truth. He observed and talked with a variety of individuals in and around the Pacific utilizing creative means to address their disabling conditions and within the context of their lifestyles and communities. For the most part, disability was being addressed in families, communities, and government structures. Local issues such as politics and health related issues did impact services and the human condition, but at least disability services were available. Today we still know that to be true.

The former Pacific Basin Research and Training Center at the University of Hawaii (1989-1994) conducted an initial assessment of the use of AT by individuals with disabilities in two Pacific jurisdictions, the FSM and American Samoa. What was interesting is that the issues they raised are the very same issues that we posed recently to the State Tech Act Directors at the first AT Symposium which was held in San Diego, California, in May 1995. The general findings from the former center concluded that the rehabilitation service systems in the Pacific have little or no information regarding:

- ◆ the number of individuals who are in need of assistive devices and technology services;

- ◆ the appropriateness of devices and services for use in the Pacific island context (environmental/community influences);
- ◆ the cost of providing appropriate devices and services;
- ◆ how assistive technology is used;
- ◆ the appropriateness of technology used; or
- ◆ the potential of using new technology.

A word on the San Diego symposium. The RRTCP convened its first symposium with the directors of the AT Projects in the Pacific in May 1995. The symposium was entitled *Assistive Technology in the Pacific: Leading the Challenge*. Invitations were extended to all jurisdictions, but unfortunately, all were not able to attend. The goal of the symposium was to provide a forum for AT leaders to discuss critical issues or developments in each jurisdiction, the milestones or accomplishments of each of the AT projects in the Pacific, the responses they were receiving from the community and local leaders, and the issues of data management from a mandated perspective as well as a practical and applicable perspective. The resultant information was to provide a guide for collaborative strategic planning for AT in the Pacific. One outcome of the first symposium was the convening of this second symposium, today, to discuss and share critical issues around AT in your local jurisdictions.

During the first meeting, although addressing data management was the major topic of discussion, we also wanted to solicit and obtain information from the jurisdictions on how this data is obtained, utilized, and helpful to support future and continuing services. We also wanted to address issues and concerns that have application to the goals and objectives of the RRTCP at SDSU through research, training, and technical assistance opportunities. The symposium provided all these and much more. Some issues around data collection discussed included:

- ◆ What is the best methodology to collect data?
- ◆ What data collection strategies will work best in the Pacific?
- ◆ What challenges will we be facing in attempting to collect data?
- ◆ What will the data be used for?
- ◆ How will this data be helpful for planning and goal direction?

- ◆ What differences will collecting this occur for the AT Projects?

These same issues I am sure, will come up in our discussions over the course of the next three days. *Research, What is it? How do we do it? Is it really necessary? Why do we need to know that? and Why should we?* As a Research and Training Center we are also interested in hearing about these issues.

As we convened our first group of AT experts we posed 10 questions which were offered to stimulate discussions and forward thinking on the kinds of issues and questions being posed at the federal, national, regional, and local levels. There were no trick questions, but questions that needed attention, consideration, research, and ultimately, a response. In the discussions that occurred we learned much from our colleagues in the Pacific. For example:

- ◆ We have **4 unique programs**, State Tech Projects, at varied stages of development. Hawaii HATTS is in its second year of a second 5-year cycle of funding. The CNMI AT project is in its second year of funding and is still trying to identify a community site for operating.
- ◆ **Procurement practices** in each jurisdiction were for the most part, not consumer responsive and very non user friendly in terms of assisting individuals in receiving AT equipment and devices in a timely and cost effective manner.
- ◆ Mandated **reporting protocols** of the NIDRR funding agency were very stringent and data driven but confusing in terms of expected outcomes. The reporting protocol (Draft 7) is being pilot tested in various states across the country and in Hawaii. During the symposium the Pacific Directors were able to converse with the NIDRR State Tech Act project officer (Carol Cohen) and Mr. Rob Sheehan, RESNA (Rehabilitation Engineering Society of North America) consultant working on the reporting protocol to gain first hand knowledge on the reporting process, the instrument, and its application via a conference call. We also had Ms. Nell Bailey from the RESNA project as a speaker.
- ◆ We learned the very strong efforts are being made to **collaborate** with other rehabilitation service providers and consumers to address AT services in each of the jurisdictions through **community-based task forces** and **advisory councils** with **consumer representation** at

the forefront. Team building and consensus building is essential for positive outcomes in rehabilitation and AT service provision.

- ◆ **Advisory councils were fluid and evolving.** Some have very active, committed members, where as others are in various stages of evolution.
- ◆ **Assessment is a critical issue for all of the AT projects.** *How to conduct them? How to get resources on assessments. Who should conduct them? Who is available to conduct them and how?* One of the concerns was that the AT projects were being viewed as the source to provide assessments locally. The required personnel to conduct assessments in any of the jurisdictions is non-existent.
- ◆ **Funding issues were a major concern** for all of the projects. There are misunderstandings about the role and function of the AT projects in relation to other service programs. There were discussions about the mandates of other programs that provide AT services and devices including third party payers, SSI, SSDI, and Medicaid. There is still a need to coordinate funding resources at the local level to best provide services for the consumer. There was also a general discussion about the **limited resources** on island, in dollars and manpower, to do what is necessary and required.
- ◆ We learned that the task to address, encourage, influence, and strategize for AT services, programs, and devices is not easy and is one that is essential if all persons with disabilities are going to be seen and viewed as equal in our communities. Local jurisdiction **Policy Issues** related to AT are minimal to non-existent.
- ◆ The need for **advocacy and empowerment skills building and development for individuals with disabilities** is great.
- ◆ Community awareness, education, and training is needed. Information and dissemination of information in culturally appropriate contexts is necessary if communities are to be informed.
- ◆ Looking at the cultural context in which AT is applied and utilized: *How do you include AT from a cultural context? How does AT fit in a cultural context?* Especially in Pacific cultures which are interdependent.

- ◆ There was a general consensus that legislatures, other government officials, and local community leaders in each jurisdiction need to be informed and involved in the activities of all of the projects as well as the issues impacting the disabled community. This would be one method to promote AT services and devices within the community.
- ◆ **Many challenges** face the AT projects in the Pacific as they attempt to meet the mandates of their program. Including the issues of systems change, consumer responsiveness and inclusion, outreach to culturally unserved and underserved communities as well as addressing long standing attitudes and cultural practices are great. However, the Project Directors are willing and committed to making things happen.

At the symposium, the groundwork was laid for addressing a comprehensive approach to assistive technology strategic planning for the Pacific. We wanted to draw on the experiences and expertise of the professionals in the field of AT as well as include consumers and other rehabilitation-related services personnel in these discussions. That is where you all come into the picture. This meeting here on Guam is a result of discussions and interactions of the San Diego symposium to bring together a broader perspective with a much broader audience. It is our hope that the process established here is one that will continue over an extended period of time and we will be productive and fruitful in all of our collective endeavors in the Pacific relative to rehabilitation. We hope to be able to compile our discussions into a document that will assist all of us as we move forward in addressing assistive technology in the Pacific.

WHERE DO WE GO FROM HERE?

A general discussion on the following issues was conducted:

- ◆ Definitions, Assessments, Resources: funding, services, personnel, and general information
- ◆ Personnel issues, person centered planning - looking at the whole person
- ◆ Suggested specialized skills needed to address AT issues and concerns including assessments, procurement, fittings, maintenance,

refitting & modifications, and anticipating future direction or set backs

- ◆ Information, options and alternatives, future considerations being addressed by RESNA and NIDRR
- ◆ Proposed credentials for technology services providers
- ◆ Future and emerging technologies including telestaffing, virtual reality, and telecommunications technologies.
- ◆ Rehabilitation service systems in the Pacific have little or no information regarding:
 - ◇ the number of individuals who are in need of assistive devices and Technology services;
 - ◇ the appropriateness of devices and services for use in the Pacific island context (environmental/community influences);
 - ◇ the cost of providing appropriate devices and services;
 - ◇ how assistive technology is used;
 - ◇ the appropriateness of technology used; and,
 - ◇ the potential of using new technology.

Over the course of the next three days, as we look at assistive technology across the Pacific and as you meet in your jurisdictional teams, some points to consider are:

- ◆ AT is a challenge. Creating systems change that results in a seamless system for addressing AT needs for individuals with disabilities is a challenge. Addressing the issues within jurisdictions that include change, attitudes, perceptions and practices and actions are difficult as well as challenging. The end user of AT, the consumer with a disability needs to be a participant in these discussions.
- ◆ Systems change will result in raising the level of awareness as well as modify and evolve community standards. It can have a positive impact.
- ◆ Our Pacific ways, cultural practices, beliefs, and attitudes should enhance our discussions around assistive technology systems, devices, adaptations, and services. Information is great, how we put it into practice is powerful.

THE STATUS OF ASSISTIVE TECHNOLOGY IN THE PACIFIC: JURISDICTION PRESENTATIONS

Note: Each jurisdiction team was asked to prepare a 15 minute presentation on the status of AT in their jurisdiction. The following content outline developed by the Center was distributed to each AT Director and RTA for review prior to the Symposium. The following presentations were taken verbatim from audiotapes and discussion notes. The Palau team again presented a written response to the questions which is included at the end of this section.

SUGGESTED CONTENT OUTLINE

1. **Tell us about rehabilitation and disability in your jurisdiction.**

Services, attitudes, cultural practices, family involvement, who provides services and who pays for services?

2. **Tell us about assistive technology in your jurisdiction.**

How it is viewed? Who utilizes AT? How is it procured or purchased? Who is responsible for procuring or purchasing AT? Give us examples of AT being utilized and describe the activities being undertaken and proposed.

3. **What are local concerns regarding AT?**

Are there any local concerns?

4. **Share unique cases, issues and or services in which AT was an integral part?**

5. **Share some of your views and concerns regarding AT.**

Implications for the future of individuals with disabilities in your jurisdiction? What would you like to see happen with AT in your jurisdiction?

6. **Anything else you would like to share with your colleagues and peers in and around the Pacific on rehabilitation and disability.**

JURISDICTION PRESENTATIONS

Hawaii

Team: Barbara Fischlowitz-Leong, Darinn Uesugi, Max Balbuena, Stan Yamada

The Hawaii Assistive Technology and Training Services (HATTS) program is a subdivision of the Hawaii Centers for Independent Living. HATTS is now in its seventh year of funding. The HATTS project has been viewed as the "mother of the AT movement in the Pacific". Others can learn from Hawaii's experiences, good and not so good and we are willing to share all of this with you. The HATTS project currently has a staff of 10 including a staff person (Community Resource Specialist) on each of the neighbor islands of Hawaii. We have also established consumer community task forces to address local issues. We have a subcontract with the Hawaii Protection and Advocacy program to address advocacy and community awareness issues locally.

During our start up years we were a direct services program and there was a misperception in the State of Hawaii that the AT project would solve the problems of DVR and DOE related to providing assistive devices and services. As the amendments to the State Tech Act were enacted, our focus changed from providing services to affecting systems change. The concept of systems change and what this means in the State of Hawaii is still unclear. Getting service providers and key administrators to understand the mandates of the "Tech Act" has been a major undertaking. Change results in a level of comfort with change.

Through our experiences we have found that consumerism and the voice of the consumer is extremely important. Teaching consumers to be advocates is critical especially on the outer islands and in the rural parts of the state.

The HATTS project has a strong Information and Referral (I&R) component. This activity is viewed as the cornerstone of the project. We have in place an 800 number for the community to call in for information on services and devices. We average 60 - 75 calls a month. We also have available E-mail access but only certain consumers utilize this option. As part of the I&R component we offer training for consumers and service providers as well as share resource information. We have a directory of on-

island resources and vendors, Abledata resources and a database listing all equipment and providers available locally and from several manufacturers on the mainland.

From our experiences we know that the project will not go on forever. We have a ten year window (depending on available funding) to fulfill the mandates of the Tech Act. We believe in empowering the community to be knowledgeable about needs and wants. Also we have found when people see and feel technology, no matter what level of technology, it not only increases awareness but the desire to obtain a particular device or adaptation. Physically trying out a product has been very rewarding.

Comments:

- ◆ HATTS is holding a Technology fair at which individuals will have an opportunity to *make it & take it*, create an AT device and take it with them.
- ◆ HATTS is developing a problem solving training module for IL specialists

American Samoa

Team: Leone Ripley, Hermann Scanlen, Edmund Pereira & Representative Charlie Tuafolo

The American Samoa AT Project is now in its third year of funding. Our operating budget is \$150,000 per year. The AT Advisory Board has been very active in the past two years and we have successfully hosted two AT conferences locally. Our first conference addressed issues related to living independently through AT and I found that I had a difficult time convincing parents and families that AT can be helpful. The second conference included an opportunity for high school students in applied technology courses (vocational education classes) to get involved. At the conference the students participated in a competition to develop an adaptive device or product for an individual with a disability. This was a great success and it was beneficial for the community and the students as well, in that they were exposed to disability issues. Some of our success includes:

- ◆ The local legislature is looking at means to separate local funds from federal funds so we can pay our vendors for services.
- ◆ The AT project has a demonstration Center housed at the local community college. There are currently four individuals with severe disabilities attending classes at the college and utilizing the available equipment from the demonstration Center.
- ◆ The AT project in collaboration with the American Samoa Community College, UAP is developing a course on assistive technology for service providers, nurses and interested students. The curriculum is being developed now.

Issues:

- ◆ no vendors
- ◆ limited access to consultants
- ◆ concept of telestaffing - who is going to do this
- ◆ Long term goals need to be established and achieved

Guam

Team: Ben Servino, Rodney Priest, Tony Prieto, Bernie Grajek

The Guam System for Assistive Technology Project has come a long way in one year. We have established our location at the University of Guam and we have hosted several training activities to inform the community of available equipment and devices. Our Advisory Board has been instrumental in making things happen for us. We are unique in that our Board is truly "consumer driven".

Comments:

- ◆ Realities on Guam include limited local resources and an ever increasing number of people with disabilities. AT is available to all people, in fact, if you used the elevator to come downstairs to get to this meeting today, "Congratulations you are now a consumer of Assistive Technology". Our project is not a service center. We hope with the new computer and the capability of distance learning, these will help us decide what devices are appropriate for individuals.

- ◆ Pacific Islanders feel like we have to remain home. Economics these days is not allowing us to stay home. There is a strong belief that some disabled people for example a mental retarded person will never work. We need to work with these attitudes and perceptions for the benefit of all individuals with disabilities.

Federated States of Micronesia

Team: Magdalena Hallers, Godaro Lorrin, Salik Talley, Joe Habuchmai

In the FSM, assistive technology is not a high priority. Most people view AT as high tech and not low tech. We want to renovate the use of bamboo as well as keep the use of the metal/stainless steel. Our community has changed since we lost a lot of federal money, we are trying to rely on ourselves.

Comments:

- ◆ Let me share with you 17 years in Rehab in FSM. I remember someone told me, do it my way. So I say let me give you 17 years in 5 minutes. "Do it my way." Our chain of command, is just like D.C., you have the federal government and then you have the states, so when you are a small guy providing services, no one listens to you. We have had lots of training. Funds were only provided for one year. From my experience, you never start with the client himself, you start with the family. I have a client that was born with one leg, he uses a tube tire and bamboo for his prosthetic leg. He makes anywhere from \$50-100 a night fishing.
- ◆ Since we have run out of funds, we cannot renew the prosthetics for clients. Funding is our major obstacle.

Issues

- ◆ AT is not a priority for the FSM
- ◆ Local attitude toward children - over protective of children
- ◆ Culture is being impacted by programs
- ◆ Technology is not new - the funding for VR was phased out 5 years ago.

- ◆ Without funding we cannot up-date or renew prosthesis provided for clients
- ◆ Parents have been active in collecting funds for services - they have held fund raising events for equipment and devices for their children
- ◆ In the FSM, we have learned to do things "our way".

Commonwealth of the Northern Mariana Islands

Team: Madelyn Camacho, Pat Conley, Shara Osborn, Traci Cobb-Hudson, Lydia Santos

Discussion Points:

- ◆ Independent Living, is an issue that is not addressed in the CNMI
- ◆ In the public school system we are using a team approach to identify services. We have assisted many families and individuals by expediting the procedures families and/or individuals go through once approval has been given for a certain device. AT has helped many students in the CNMI.
- ◆ It has been assumed that unemployed people do not need rehabilitation. Overall, you need to look at the individual, the persons' abilities, the job, and the demands including the whole work environment. Almost all we have provided at this point has been low tech such as, head pointers, magnifying glasses, accommodations of the work place.

Palau⁴

Team: Francis Kiep, Julia Kazuo, Joyce Ngiraikelau, & Ingeang Rimirch

On Palau, services are very limited. There is no pre school so we have Headstart for children 3-6 years old. Francis Kiep is the only trained physical

⁴ The Palau team provided a written paper addressing the five areas suggested for the jurisdiction presentation. This document has been included in its entirety.

therapist on the island. In general, there has been a recent increase in the need for rehabilitation on Palau. By word of mouth we have been able to provide help to the aging population. A number of people needing services have poor nutrition. These people tend to have arthritis, diabetes, and high blood pressure. We have one of the highest rates of heart attacks in the Pacific. The services we provide are free or for a minimum charge. In the past, all the members of the family have provided services for their own family nowadays this has changed.

We have a very elementary (low level) AT provided on Palau. Floor level activities have worked for a girl in need of a wheelchair, but her home life would not allow its use due to the size of her house and the roads near her house not being paved. The need for AT in Palau is there, especially for prosthetics. The highest technology available now is probably the wheelchair.

Republic of Palau AT Jurisdiction Presentation Paper⁵

Tell us about rehabilitation and disability in your jurisdiction.

In general, there has been a recent increase in the demand for rehabilitation services in Palau. Some of this has to do with a change in the public's idea of how valuable therapy services are and an increase in acceptability of getting care. Once some people got services and saw results, many more were interested in getting services. This applies to Special Education, where teachers and parents are now much more likely to refer children for services.

The aging population now sees value in therapy services. Also the number of people needing services has increased because of poor health habits, lack of physical fitness, poor nutrition, etc. Almost two-thirds of Palauans over 50 have some form of disability including those related to arthritis, gout, renal disease, diabetes, high blood pressure, and obesity. Much of this may be related to the cultural change from fishing and farming to a money driven economy.

There are several programs that provide some rehabilitative services in Palau including PT, VR, the Senior Citizen Center, Special Education, and Head Start. In general all of these programs are working hard with their limited local resources, but are unable to meet the great demand. Services are

⁵ The following is the actual written response provided by the Palau jurisdiction team.

provided free of charge through most programs. These programs are funded mostly through U.S. government programs. Rehabilitative services are provided at a very minimal charge through the local hospital.

In the past, families provided all care for their members with disabilities. Now that there are more formal programs, families expect that government programs to provide for them. Families still accept responsibility for most of the daily care needs, but expect the government to provide rehabilitation, transportation services and, in some cases, even food. Parents of children in special education are starting to recognize that if they want their children to get complete services, then they have to begin to participate in their children's care.

Tell us about assistive technology in your jurisdiction.

We use walkers, crutches, wheelchairs, braces, and prostheses. We really don't use anything high tech. Maintenance of AT is a big issue. Parts are not available and there is no one on-island to fix things. We usually use things until they break. Another issue is that it takes a long time to procure AT and sometimes by the time things arrive, clients have outgrown them or died. Families usually have to purchase AT on their own and would rather manually help people do things than pay for AT. Houses are not accessible, so often people are carried from place to place rather than using a wheelchair. Vocational Rehabilitation buys AT for clients to own and use for the purpose of doing their work. The hospital and Special Education will loan people items, but asks that they be returned when no longer needed. Children who use wheelchairs and AT for school must leave them at school and may not bring them home.

In general, AT is viewed as something that can be helpful, but often items are too expensive to buy or maintain. Also, because lots of AT breaks down in our island environment, and because we have few wheelchair accessible places, AT is not widely used. Awareness of AT here is limited. Lots of people don't know what is available.

What are local concerns regarding assistive technology?

The biggest concern regarding AT is the cost of buying and maintaining items. We know of a few vendors to buy from and we have limited sources to pay for items. We don't have any on-island vendors, so everything has to be ordered and procured from the States. The time it takes to procure things and the money involved with shipping are prohibitive. Also, it is very

expensive to return things that don't fit or work right the first time and there are no parts or people here to make major modifications. It is difficult and very frustrating to get AT items to fit well. Now we order items a little larger than we need them to account for growth in children.

The need for AT is definitely there, but all the barriers to getting AT to work here sometimes get in the way of it being worthwhile. Lots of people have AT that allow them to live and work. Especially prosthesis. If these people had no prosthesis, they would die in a very short time, because they would be sedentary. The most benefit of AT comes from prosthetics and crutches.

Share some of your views and concerns about AT

We need buildings to be accessible so that people can use AT. There are few elevators, ramps, or automatic doors in Palau. Even in Koror, there are few accessible public or private buildings. Someway to get AT locally is needed. Right now the waiting time, and shipping expenses are prohibitive. As we discussed, there are too many barriers to using AT. We would like to see local legislation that requires:

- ◆ buildings be accessible;
- ◆ assures access to basic therapeutic services;
- ◆ provides home services or transportation to basic services; and,
- ◆ provides for basic therapy and AT needs.

LOCAL ADAPTATIONS FOR ASSISTIVE TECHNOLOGY: HIGHLIGHTS OF A DISCUSSION

Tania Huff Farley, Coordinator of Training, RRTCP

Note: This discussion evolved from interests expressed among symposium participants regarding cost effective and locally produced AT devices. The issues of creating local adaptations and cost effective ways to address AT needs warrants further deliberation and has potential research application.

The issue of "low tech" or locally made adaptations and devices has intrigued me for a very long time. Based on my experiences as an Independent Living Counselor in American Samoa and Rehabilitation Specialist in the Pacific, I have been under the impression that the use of local adaptations is limited. Most often people view them as being inferior or second rate and therefore they are not being utilized. People do not want to use locally made products. They want the shiny new chrome wheelchair, crutches, grab bars, hand rails, or what have you. I, on the other hand, have met several individuals with disabilities in the Pacific who have found creative ways to utilize local products to craft adaptive devices more suited to their needs.

For example, in American Samoa the resident master carver for the Territory utilizes a prosthetic limb (above knee amputee) that he makes out of local wood. He had been fitted a for a prosthetic leg several years prior but found it to be too cumbersome, heavy, and not adaptable or flexible for his needs. As he needs to replace his prosthesis, he makes another.

Another man that I know from Samoa utilizes a tall walking stick to maintain his balance, as well as to get a person's attention (like a poker). This individual, over a period of two years, was provided a shiny new walking cane, a quad cane, walker, and even crutches. In the end he resorted to using his tall walking stick.

I am curious to hear from any and all of you of your experiences with low tech or locally adapted or crafted AT. For your information there are

three known resources or experts in the field of Rehabilitation that address the issues of low tech and local adaptations. David Warner with the Hesperian Foundation in Palo Alto, California, has done a lot of work in the small villages of western Mexico. His concept is very similar to the saying "*it takes a village to raise a child*" in that he has assisted villagers with disabilities and families with children with disabilities in villages develop strategies to assist in the care of themselves and their children. By simplifying the science of rehabilitation, villagers are self reliant to develop and run a local clinic while parents learn skills and gain a better understanding of how to help their children develop their full potential. Project Projimo (1983) is a report on the efforts in Mexico and I highly recommend it as a resource.

Two other individuals are known for their experience and expertise in wheelchair building in developing nations. These individuals are Ralf Hotchkiss and Peter Pfaelzer of San Francisco State University's Wheelchair Mobility Center. Their model for technology transfer is small scale enterprises in which wheelchair users produce chairs utilizing local materials. I can provide the contact addresses and numbers for these three individuals. I feel that their work has direct application in the Pacific and to assistive technology implementation in the Pacific.

Can any one share examples of low tech or locally made AT devices and products?

Comments:

- ◆ A cane with a cardboard attachment which creates shadows for an individual with visual acuity problems.
- ◆ A hand control installed in a car for driving that you pull to go and push to stop.
- ◆ A wheelchair was modified so it would recline - cost approximately \$2,000.
- ◆ Prosthetics can sometimes take 6 months to order so during that time we use a temporary device made of bamboo and PVC piping that costs approximately \$150.
- ◆ We work closely with a lot of families to modify home environments utilizing local products.

- ◆ Cobracar (similar to a wheelbarrow) serves as more than a vehicle for the individual, it also holds food and other things and can be a play toy for siblings and friends.
- ◆ This is not an example of a device but a local process that helped get a young child into support services. The first step is cooperation. For example, I was given the opportunity by a parent with a deaf child (who did not want his daughter to go to school at all) to teach her sign language. What a difference it made to get cooperation from the family and parents before I even started.
- ◆ Knowing people that have the skills to provide services or resources needed or required is essential. Local people have many untapped talents.
- ◆ Use what you have is a simple rule of thumb.

References

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Hotchkiss, R. & Pfaelzer, P., (1992) Measuring success in third world wheelchair building, RESNA International '92, pp. 618 -620.

TELESTAFFING APPLICATION & DEMONSTRATION: A PILOT STUDY

Dr. Kenneth E. Galea'i, Co-Director, RRTCP

NEED

As a result of the technological explosion for assistive technology capability the options available to persons with disability have increased tremendously. The difficulty has been the limited access to these tremendous, life altering resources for individuals who need them most. This is most severely experienced by persons in the Pacific who are:

- ♦ isolated by geography;
- ♦ lack available and current Assistive Technology information; and,
- ♦ receive negligible access to the already limited number of trained and informed rehabilitation engineers and rehabilitation professionals, and as a result continue to be denied the benefits of these progressive devices and tools.

The Assistive Technology Symposium held in San Diego, California, in May 1995, found that this need is further complicated. Rehabilitation programs in the Pacific that commit resources to address these needs and potential quality of life improvements do not have available on island the types of professional expertise to expedite the assessment, purchase, modification, strategy and plan implementation for these outcomes. The usual practices of spending money to bring in personnel, training existing staff, or contracting with consultants have not resulted in significant improvements to service provision for individuals who could directly benefit from Assistive Technology.

PROPOSED SERVICE CONCEPT OF TELESTAFFING

To address this direct individual and systemic need, a new model of technical assistance for rehabilitation is to be explored, developed, and piloted. The application is to use electronic communications to gather

intradisciplinary teams located on the mainland and in the Pacific. The teams will confer and consult via video conference to review existing data, exchange synopsis of client information and service requests. This will be done in the manner of a telestaffing via electronic communications to simultaneously analyze, plan, and collectively strategize methods of rehabilitation. This collection of experts focused on person centered service planning will improve employment and independent living outcomes by focusing on utilizing the most appropriate Assistive Technology for persons with disabilities in the Pacific.

Initially, the communications may be started by the traditional telephone conference and courier services for exchange of case information. The intent is to create an ongoing dialogue between teams of professionals to exchange information on case service decisions and to provide a forum for understanding how culturally appropriate intervention, coupled with state-of-the-art technology can improve the prospects of rehabilitation direct service provision.

PROPOSED ACTIVITIES FOR ESTABLISHING PACIFIC WIDE REHABILITATION TELESTAFFING

Given the clear absence of trained professionals in rehabilitation engineering and Assistive Technology service provision in the Pacific, an electronic case staffing with mainland expertise should include at a minimum:

- ♦ Rehabilitation engineering expertise needs to be identified and confirmed for availability.
- ♦ Successful and effective Assistive Technology Service Planners sensitive to island cultures must be identified.
- ♦ Local interdisciplinary service team of consumer, providers, educators, employers, advocates to be developed and committed to a process of collaborative planning and monitoring developed and negotiated - convened by the RTA.
- ♦ Establish the local (island side) hardware and software capabilities for simulcast communications at a site, even if this initially lacks the accommodations of what we are accustomed to via television monitors like the telecommunications predecessors of slow scan pictures over PEACESAT.

- ◆ Develop case data such as medical, social, educational, employment histories, and associated vocational goals for review and exchange among all the participants.
- ◆ Schedule a time and process for information exchange via the cyber jungle for three cases piloted in Samoa and Guam in the first three months.
- ◆ Follow up with implementation and evaluation instruments to research and measure:
 - ◇ cultural implications on electronic communication patterns and effect on rehabilitation;
 - ◇ service outcomes;
 - ◇ program expansion and improvement;
 - ◇ consumer satisfaction; and
 - ◇ cost benefit.

MANPOWER AND DOLLAR REQUIREMENTS

The effective implementation has tremendous implications for direct impact on service provision to persons with disabilities and the system of rehabilitation in the Pacific. It clearly is a rehabilitation research area and should be, at the least, a distance learning technical assistance. The manpower requirements are access to rehabilitation engineers, coordination for collaborative sites and buy in from the Pacific.

RRTCP will commit resources to confirm rehabilitation engineer expertise, RTA coordination for collaboration with the VR directors in Guam and American Samoa, research and evaluation procedures and analysis, all write ups for technical papers, reports, and associated dissemination.

DLTT will need to commit hardware, brain power, and money for on-site set ups that are quick and ready to use. The local jurisdictions will commit to covering costs for electronic communications, as DLTT identifies strategies and methods to decrease these costs overtime.

APPLICATION OF TELESTAFFING FOR ASSISTIVE TECHNOLOGY IN AMERICAN SAMOA

Leone Ripley, Hermann Scanlen & Edmund Pereira

INTRODUCTION

In American Samoa we have limited access to assistive technology information as well as limited manpower to do assessments for adaptive equipment and devices including wheelchairs and prosthetics, home modifications and simple adaptations. We were looking for a means to tap into available expertise on the mainland or else through the use of telecommunications and more specifically desk top videoconferencing. Through consultation with Dr. Kenneth Galea'i of the RRTCP at SDSU, we arrived at a workable protocol to make this activity happen. The following discussion provides a sequence of events culminating in an actual case study in our attempt to apply this new technology application. This is a collaborative effort between the American Samoa Division of Vocational Rehabilitation and the American Samoa AT project.

THE PROCESS

In an effort to improve the access to assistive technology for persons with disabilities in American Samoa, the Division of Vocational Rehabilitation has initiated a new comprehensive coordinating process for this service provision. The critical elements include the identification of essential accommodations factors for persons with disabilities in their daily living, work, school and community environments. The process requires expanded coordination activities between service providers and constituents to delineate the appropriate assistive technology services and products to assist the person with a disability independence and integration in the community.

The process has seven stages. The following describes each stage and the responsible professional's role and function for that stage and recommended time frames for completion of that stage.

- ◆ *Stage #1:* Request for AT Consultation. The VR counselor will request direct assistance for assessment and recommendation of appropriate accommodations and accessibility issues for a client of DVR. This should occur for an individual in status 10 or above.
- ◆ *Stage #2:* The request for AT should be forwarded to the VR counselor's supervisor for review and promulgation. On the same day, this request should be forwarded in concurrence to the AT project for consultation analysis.
- ◆ *Stage #3:* The VR counselor will provide the name, address, phone number, and basic case information for the AT project consultation team. This requested documentation will be forwarded with the appropriate release of information authorizations and requirements.
- ◆ *Stage #4:* AT consultation team will physically inspect and assess accommodations and accessibility issues at the client's home, job, school, and village. This assessment should include ergonomic, psycho-social, vocational, and independent living factors as a minimum.
- ◆ *Stage #5:* A report with accompanying photos should capture the current functional limitations and the resultant accommodations. Recommendations for accommodations with specific recommendations for on-site modifications will include low and high tech suggestions. These suggestions will be in concern with the local PT, medical, and educational specialists and any previous findings by these resources for appropriate accommodations.
- ◆ *Stage #6:* The report will be submitted to the VR counselor who then, upon completion of review and confirmation with such sources, convenes an interdisciplinary team meeting with the client.
- ◆ *Stage #7:* The findings of this meeting, the AT project report, and recommendations are then forwarded to a consultation team made up of a rehabilitation engineer, rehabilitation accessibility consultant, and service providers on the mainland. This will be the data from which the consultant team will review and interact with the local interdisciplinary team to develop further observations and recommendations. The consultation conducted via video conferencing will be recorded and the recommendations offered for consideration to be included in the VR IWRP as jointly developed by the client and the team members, facilitated by the VR counselor.

THE CASE STUDY

We did an assessment to a young man 24 years old with severe cerebral palsy and who is non-verbal. He lives at home with his parents and siblings. We through VR and the Samoa Center for Independent Living are providing several options for integration. He identified the following priorities for this assessment process.

- ◆ Assistance that will prevent him from slipping out of his wheelchair.
- ◆ A computer device to help him better communicate

The initial assessment was done by the client visiting with us at the VR office. It was decided that our team from the project would evaluate his school, home and other areas he travels day to day. We conducted an initial interview and utilized an assessment tool provided by SDSU Interwork institute. We also videotaped the individual in his home environment and other places. This videotape was then sent to SDSU, Interwork Institute for review and recommendations.

We are pretty unique in our setup, with DD, VR and AT all located in the same building. The assessment process has worked for us. The PT did the measurements for wheelchair and the doctor did gave medical recommendations and the engineers play a big role to what type of devices (in this case a standing and reclining wheelchair, the individual will be able to put to use. We are working with VR and the process.

We will continue to explore this protocol for assessing individuals in need of adaptive equipment and devices. Our limited resources on island makes this process a necessity for us if we are going to be able to provide quality and timely services to individuals with disabilities in the Territory of American Samoa.

PROBLEMATIC AREAS TO THIS PROTOCOL

The equipment requirements include a Macintosh computer with *CUSEEME* software. Local linkage capabilities by ISDN lines or by satellite communication possibly with PEACESAT need to be explored further. Assessment protocol needs to be adhered to get accurate video tapes of the individuals particular situations and needs. While the videoconferencing capabilities may not be available on-island as yet, the videotaping and possible conferencing over phone lines is a viable option. This also will be explored further.

PACIFIC PRACTICES IN ASSISTIVE TECHNOLOGY

Note: For this session each of the AT project directors in the Pacific were asked to present a "Best Practice" that they have initiated as part of their operation. Each of the presentations provided here are unique, addressing entity specific challenges and concerns as well as offering the reader insight into where each of the Pacific AT projects is at in terms of development, structure, and future directions.

HAWAII VENDORS AND ENTREPRENEURS CONFERENCE: A DREAM

Team: Barbara Fischlowitz-Leong, Max Balbuena, Darin Uesugi

INTRODUCTION

Our presentation is not about best practices but rather of a dream of best practices that originated from a discussion with other directors of AT in the Pacific and Dr. Harry Murphy of the Center on Disabilities. We want you to share with us as we begin this discussion. We want to talk about the actual procurement of AT, regardless of whether it is high or low end. Hawaii, with its four years of experience, knows that over all the procurement of AT is an issue. We know that it is an issue across the Pacific because the other AT directors have told us we can do all the advisory committees in the world, all of the awareness that we want, we can do memorandums of understanding within our governments, and we can have people put money on the table. However, if we don't have vendors to provide the products that we need for in the Pacific all of that is for not. If we don't allow for entrepreneurs to develop in the Pacific with a particular interest in AT, all this is for not. Even if we get all of this wonderful equipment and devices, if there are not individuals who can train clients and consumers how to use that equipment and if that equipment cannot be maintained or repaired, then all of this is ridiculous.

We are here to sell you on an idea and what we would like for you to do ask for your help to set the stage. You all are AT users whether you believe it or not. I need volunteers to tell me what kinds of AT you use in your life and where you got it - name of the store, how much you paid for it, and who

helped you pay for it. Did you pay for it yourself, or DVR, or was it a gift or something. Please share with us.

Examples from the audience: Beeper, glasses, a wristwatch that holds 100 phones #'s, wheelchair, glare glasses, steno pad and pen, computer, white cane, and a watch that tells me the time when I push a button.

The purpose of this exercise (and we have been doing this in consumer groups) is to get some idea of how people procure (purchase and or obtain) their AT. We usually have a more diverse spectrum of AT and problems that arise as to how they actually got the dollars to purchase the item. It also gives us a sense of who is funded and not funded.

I want to mention something about funding. Hawaii HATTS has a loan with a private bank and we initially took some of our first and second year money to use as a guarantee to American Savings Bank. Consumers can borrow that money for up to seven years and the pay back is based on their ability to pay back the loan. Our experiences thus far have been very successful with minimal defaults on the loan. We recommend that if you, as a project, are interested in having a loan go to a private bank and ask them to participate with you. Bank of Hawaii in Hawaii was not interested in cooperating with us. They are now interested in working with us because of the success and publicity we have received. Possibly those who have Bank of Hawaii branches in their areas may be interested in this venture.

We would like to pull together a symposium similar to what we have been doing here in Guam. We want to bring together AT project directors, any other appropriate staff including directors of VR, procurement officers in each jurisdiction, consumers, entrepreneurs or potential entrepreneurs, and vendors to plan the development of an economic base in the Pacific so that we could have resources readily available.

People in the Pacific continue to have problems with acquiring and procuring AT, funding issues, and the lack of resources. In Hawaii the more AT we bring in and the more the consumer sees, the more the consumer wants what he/she sees - we are all sort of like that anyway. As we bring in technology, consumers all of a sudden, become motivated to get that technology. Without being able to see technology, nobody wants it. Technology needs to become more accessible for the community. What we would like to see as an outcome from pulling together such a symposium, is an opportunity for research as to the vendors who are available or who would be interested? what kinds of support could the Pacific Basin offer such

vendors if they did start doing business here ? We do not have in our project the funds to go ahead to do this kind of research to see what kinds of vendors are interested ?

At one point we were going to start asking vendors about their products but then we realized they have already done their own market research and they know how many products and devices they have sold to CNMI, Guam, etc. They can tell us how many augmentative communication devices they have sold to Saipan to Samoa they have the information and we should not have to do that kind of work.

A horror story to share with all of you, there is a group called Communication Manufacturers Association (CMA). They will come to any of our communities and do a two day conference on many different kinds of communication devices, from very low end to very high end. These are all small companies with usually six to fifteen employees, they come at their own expense and they come into the community they will train people, school teachers, DVR people, they will come in and work with communities. Well we were delighted and we conducted a conference on the outer islands of Maui and on Oahu. We had over a hundred people at each of these training. They called us back about six months later and they were sorely disappointed because nobody had sold anything.

Well, part of what we told them one of the problems is, was that they brought all of their equipment and products into the community and then they took them out of the community and so even though people had hands on experiences for one day they were not able to continue seeing that equipment and having an opportunity to work with it. What we are looking for in terms of outcomes if such a group could be brought together? First of all is commitments of the participants as to future directions for AT in the Pacific, now as we get more specific and hope to develop vendors and entrepreneurs out in the Pacific, and to make this a priority area, jurisdiction would work on this. The development of a plan so that we could work together because we are convinced that if manufacturers and vendors come to Hawaii those kinds of experiences could be replicated across the Pacific. We want to be able to develop the model in such a way that other regions and areas could use that model. We see that here is a possibility and an opportunity of telecommunications and communication systems with the videoconferencing and the use of video there is real opportunity for Vendors to be a part of that kind of system. Just as you may want a product but you can't see it in American Samoa or other, Through videoconferencing you will be able to see

that piece of equipment and how it works and is described to you. Through a videoconferencing capability you would be able to discuss the equipment and device with the vendors and manufacturers.

If we are not able to convince vendors and manufacturers of AT devices that there really is a potential market in then one of the outcomes might be to teach consumers how to use 800 numbers and how to actually order. This is a new concept to a lot of people in the Pacific Basin. We feel that if we pull a group back together again like this there would be increased knowledge surrounding the issues of access for AT. We would like you to be involved in the process.

SDSU RRTCP was very generous in how they planned this event. They talked with the AT directors and involved us in the planning of the symposium. We would like a similar model where we could come together and end up with a plan at the end of three days as to what we are actually going to do and commit to that plan to make these products successful.

THE HAWAII VENDORS' POINT OF VIEW

We are not just looking to bring in mainland vendors and have them open market shares here in the Pacific. Even more important would be to have existing businesses in the Pacific take on things like service repair and maintenance. Have mechanics in the communities able to repair certain types of wheelchairs or have speech pathologist able to repair certain types of communication devices. Some of the most successful entrepreneurs we have in Hawaii are those people who have disabilities who have found the appropriate technology for them selves and know how it works and on an every day basis in their natural environments; at home, work, and in their car become distributors of these types of devices. They have been very successful sharing that kind of information and sharing that product for the manufacturer within our communities in Hawaii. So we need to build those types of success stories as well not just making sure that mainland vendors know that we want the products, we want to try them out we want to buy them but also that the local community can take some responsibility for it especially the repair aspects which is some of the most heart breaking problems that we have in terms of AT.

That is our idea and we would like you to think about it. We are open to questions. We originally talked about this with NIDRR and submitted this idea as a grant proposal. We were very hopeful and we got a lot of

reassurance that they were interested in the Pacific Basin. We have done a lot in the past two years to interest NIDRR in the activities out here. The back was that they had some supplement money and were looking for projects that they could evaluate across the country. And have a national impact. Our proposal was not accepted and they (NIDRR) did not feel that this concept of holding a symposium on this topic would have enough basis for replication across the country. Because there are other vendor issues and entrepreneurial issues. The recommendation from NIDRR was that we bring this idea back to our Pacific group and SDSU RRTCP and talk about this potential research and development of another way for the Pacific programs to work collaboratively.

Comments

- ◆ One of the issues with this concept is the small numbers of the population that will need adaptive equipment and devices. How do you influence vendors to provide services to such small populations, across a geographic distance, maintenance and repair issues. This is why individually there is not much power in developing any of this. If we have to come in and develop a training program for entrepreneurs in each jurisdiction the funding sources become more profitable.
- ◆ We have ten years to accomplish these tech Act programs. They are written as sunset legislation and we are not going to get funding beyond the ten years. We are motivating consumers through community awareness campaigns and public awareness going on and newsletters. You are motivating consumers to now put a demand on the community to provide. If there is no one here to provide then when the tech act sunsets regardless of how we have moved it into the system it is going to fall flat on its face. Stores like Sharper Image are a great success in Hawaii because people can see things and touch things and all of a sudden choices are there.
- ◆ We can do assessment, evaluations, we can count people but if we don't have products here to entice people because that is really what it is, for people with disabilities should try and say to us hey this is OK but I want to make my own choices.

CONSUMER DRIVEN ASSISTIVE TECHNOLOGY BOARD: GUAM GSA

Team: Bernie Grajek, Ben Servino, Kathy Millhoff, Steve Spenser, Rodney Priest

A. Introduction

Hafa Adai! The Advisory Board or Advisory Group to any project is important and especially for the AT project on Guam. We are a very young project, only 14 months old but we are very proud of the distance that we have moved as a direct result of the ownership, involvement, and direction set by the Advisory Board. There are some unique aspects to the advisory board that make it effective. We want to share the various aspects of how the Advisory Board works and how to get the community and consumers involved in the process.

B. Important Concepts for Consumer Involvement in Process and Project

Change is not possible if there is no ownership from the community or consumers whose lives are affected by that system. Project ownership of the system by the consumer involved is important from the on-set/establishment of the project. The control is in the hands of consumers. There is potential for butting of heads between those who control the resources (the dollars) and an advisory board that is consumer controlled. There is potential for friction but there is also a greater opportunity for working together and creating situations for interaction. So the consumers have a system and venue to access in which to present needs and to encourage greater utilization and access to AT. The difference between a system that is service provider controlled versus being consumer controlled there would be a different type of movement and involvement.

The difference between *system change and systems evolution* - idea of evolving system and not trying to change something assuming it is wrong and needs changing. It is more positive to say we accept where we are now and we will evolve into the next step or direction - The evolution of the system and moving forward.

C. How We Got Started

We started with a Founding Committee of community people interested in AT who established the by-laws and organizational structure of the advisory board before it ever existed. The vision for the Advisory Board was

created months before the board was established. The members played a role in creating the system and the board. One of the uniqueness' of the Guam Advisory Board is that members helped plan for the project and then were appointed to the Board versus the traditional mode of being asked to participate after the project was established.

Within the past 14 months, the Guam AT project has sponsored an AT Conference, the LTM training with CSUN, Dr. Harry Murphy. Several community meetings and focus group activity and a variety of committee work have occurred.

The Advisory Board Committee is ready to provide feedback on current issues, accomplishments, barriers and future directions. The idea of ownership or evolving a system does not come easily. Sometimes it is hard to step back and look at our progress and evolution so we have a perspective of our progress. The four committees that will present information today are the AT Center committee, the Public Relations committee, the Legislative committee, and the Training committee.

D. What we've learned, how does this effect our future, and where are we headed

We are constantly charting our progress to determine our future. The following are committee updates.

AT Center Committee:

The reality is, we are new and young without any guidelines for us to use. We developed a mission statement and a goal statement with outcome priorities for Years 1 and 2 and time frames for the project.

Our priorities for Year 1 include: information and referral services, establishing a display and demonstration center, (which we now have secured a space on the UOG campus) conducting public awareness days and creating a database and library resources on AT for the community. For Year two 2 we are looking to conduct training activities for consumers, service providers and other professionals, implementing a short term loan process and establishing an evaluation and assessment process for AT services.

We utilize the HATTS contact form as away to document all of our incoming and out going contacts with the community. We thank Hawaii HATTS for their assistance. Since participating in the LTM training offered through CSUN with Dr. Harry Murphy we have developed *systems change*

action plans (SCAPS) based on the six NIDRR priorities and the tech act mandates for AT projects. We will continue to focus on these plans over the coming months. We have implemented policies and procedures for the Center as we now have \$19,000 worth of AT devices, information and demonstration equipment. We have several computer based programs including ABLEDATA on CD-ROM as well as several computers including Machintoshs and PCs.

One of the problematic areas we are experiencing is the procurement issues and barriers especially in procuring off-island devices. It is very costly to ship to Guam. Many times people think we are a foreign country and not part of the U.S. Cost as well as the timeliness of ordering equipment and devices has been a real concern. The shipping costs to Guam are astronomical. Additionally companies have not been willing to accept purchase orders from us so we have had to pay cash up front.

Another problem area or barrier has been with establishing and implementing policies and procedures for our program. So if you have an examples of operating policies and procedures you are willing to share with us please do so.

To build our local capacity for our demonstration center we have approached Guam General Services Administration (GSA) who collects surplus equipment from different services and agencies, and we have been able to get equipment, hard drives, computers, key boards, rechargeable batteries and various supplies. Fortunately, we have the technical expertise on our staff to fix this equipment and make it work for us.

We utilize the NIDRR and RESNA consumer surveys that we use to collect information. As we conduct training or conferences we offer incentives (T-shirts) to individuals for filling in the survey form, we have found this to be an effective data collection incentive.

As our equipment loan and demonstration center expands we are looking to move to a much larger facility in the coming months.

Public Relations Committee:

This committee is volunteer based as the others. We are still trying to figure out what we are supposed to do. We have discussed various methods utilized in a media campaign and are trying to decide how we are going to do public relations activities. To date we have published a brochure with a logo and the program goals. This brochure offers very general about GSAT. We

are really struggling with this notion of public awareness and media campaign not because we do not know what to do it is because we want to get the information in to the hands of everyone in the most expedient, efficient and impactful ways possible.

Legislative Committee:

We are looking at several issues on Guam related to individuals with disabilities, rehabilitation, and assistive technology. Several members of our committee are involved in our local legislature and are elected officials or staff members of these individuals. We also have individuals involved in various programs on Guam including the DD Council, the aging programs and the Department of Education. Some of the activities we have begun include:

- ◆ Research of local laws on-island that apply to disability issues and rehabilitation including VR Services, IDEA. rules and regulations.
- ◆ The issues of housing that is affordable and accessible for individuals with disabilities.
- ◆ Review the Medically Indigent Program (MIP) for people who are not eligible for Medicare and do not have medical insurance to cover for durable medical equipment.
- ◆ Revisiting the rules and regulations of the MIP which is a totally locally funded program we want to make sure that the equipment that is provided is what the individual needs and is prescribed by a medical doctor.
- ◆ Reviewing "lemon laws from various states that are addressing the issue of bad or malfunctioning equipment. In some cases it is easier for us to get the information from off island quicker as we have problems getting public domain information from local sources.
- ◆ Low interest loan program for individuals in need.

Accomplishments

- ◆ GSAT was instrumental in implementing a handicapped parking law with a fine. The fine is \$300 which is the highest across the nation. We have started training for private security guards and peace officers to issue citations for violations of this law.
- ◆ The Guam DDC is conducting an employment survey and we are utilizing village mayors to disseminate the survey and collect it. We

are hoping this will bring a large return. Also in this survey we have included a section on AT services.

- ◆ We are beginning to address the local transportation issues of individuals with disabilities in Guam. We are working on this with a local senator and the paratransit system. We are doing sensitivity training with drivers and bus drivers.
- ◆ We are looking at employment issues for individuals with disabilities and training individuals to be prepared for employment and the world of work.

Training Committee:

During 1995 we hosted an AT conference as well as the Leadership and Management Training conducted by Dr. Harry Murphy at CSUN. We've been working with other non profit organizations such as the Parent Network Agency and the Develop Disabilities Council. We plan on doing regional training in 19 villages through the various mayor's offices. The private sector will be invited to attend. We will continue to work with the DD council in their parent training. Next year, the second annual AT conference will include vendors and individuals from the private sector.

E. Summary

Working with a volunteer committee can be successful if the volunteer help has the ownership, willingness and ability to take action. They help you make things happen. Our Advisory board has a vested interest in making things happen.

The GSAT has created an increased awareness of AT at the community level throughout the island. A lot of the change effort is occurring at the awareness level. With an increased awareness comes an understanding and other future directions.

CNMI COLLABORATING FOR SYSTEMS CHANGE

Team: Madelyn Camacho, Traci Cobb, Lydia Santos & Roy Fua

A. Introduction

Our presentation today will be short and brief. We want to share with you our collaborative efforts in the CNMI to address the needs and issues of persons with disabilities in the CNMI and how we are working together to create a system that embraces assistive technology services. The AT project in Saipan, the CNMI System for Technology-Related Assistance for Individuals with Disabilities (STRAID) is the newest agency here. We were funded in 1994 and are still in the process of developing our service system. In other words we are here to learn from all of you and to share our experiences in developing a system that includes AT services in the CNMI. We want to learn from all of you and take back with us information that we can modify for the CNMI. We have established our Advisory Board or AT Task Force. We have many dedicated individuals from several agencies involved on the board as well as consumers, parents and educators. Several of these individuals are here today to share some of the collaborative activities that we have successfully conducted on the CNMI that impact individuals with disabilities. We have now secured a building for the AT demonstration center at Northern Marianas college thanks to Roy Fua. I am hoping to have the center up and running by mid-1996.

B. Protection and advocacy involvement

The P&A program on Saipan is involved many projects. one of our primary efforts related to AT has been conducting public awareness events that include the businesses communities and government officials and other community members. We do a lot of building community relationships and have a strong public relations component in all of our programs. We get the legislators involved in our activities and they seem to like that. We have been very successful in getting legislation enacted such as the Handicapped Parking Access Act and the Manamcu Abuse Act for senior citizens abuse prevention act. This local act impacts individuals ages 55 yr. and older, disabled and non-disabled. All of these activities have been initiated in collaboration with other agencies and services providers. We have been working very closely with the Development Disabilities Council which is a sister agency to the P&A and which is the umbrella agency for the AT project on the CNMI. We do a lot of public awareness and information

dissemination on disability related information such as ADA and the Access Act. After many discussions with several agencies and service providers on the CNMI, we received approval to include a couple of questions on disability to the local census collection survey for the Commonwealth. This survey will be initiated next year.

C. Collaboration: An educational perspective

I want to look at collaboration from an education point of view. Coming in to the Education Department at Northern Marianas College (NMC) in 1994, I really have to commend our staff and the people from Saipan that are here. These are the people that have made it all happen. Sarah Osborn, left the Early Childhood Education program to coordinate the University Affiliated Program at NMC, has really made a giant program of the discipline. Pat Conely at Vocational Rehabilitation each have made an united effort to further develop this program. We help support people into private business through the Northern Marianas College Incubator Program. We have the Assistive Technology Program and PREL (Pacific Regional Education Laboratory) leadership to work with now. PREL has been very assistive in helping the leadership in putting programs together. I like to borrow what Ken said when we held our first RRTCP local steering committee meeting "*we are people that do good and want to do it better*" but I caution that we have to do it at a slow pace because we are new at this. We have work together closely so that we are friends first, as we represent our agencies.

So when I am wearing my academic hat - for *teacher staff development* we should be doing staff development period. Training teachers. As I look around the room and I am feeling what I have been feeling for the past two days, these are real people who care. People who care and genuinely care and have a commitment or are focused on a target group of people. One of the things that really stands out is that in this room there is professionalism. When we get into our mode or offices sometimes we slip into this professionalism that changes our personalities. It is important to maintain this high professionalism because it keeps us focused on the people that we need to serve. Lastly, through this coordinated effort and with every one working together, it really builds a virtue in us of helping others. I feel that is one thing since all of us have gotten together I have just been able to meet people from the past two years. I know we all try very hard to do what we must do and often it is in isolation. It is important that we enjoy each other as well as work together.

**COMPREHENSIVE TRACKING SYSTEM FOR INDIVIDUALS
WITH DISABILITIES IN AMERICAN SAMOA**

Edmund Pereira, Director ASTAP

In American Samoa we do not have a means to identify the number of individuals with disabilities in the Territory. We are not yet able to identify accurately the numbers of individuals served by the various service components and agencies in the territory. Recently I have begun a series of discussions with the administrators of various agencies to implement a local tracking system for individuals with disabilities. This tracking system would assist us as serve providers to appropriately plan for and assist those requiring our services. This process would begin from pediatrics to Part H to HeadStart to Special Education, transition to high school, VR and on to TAOA (the Territorial Administration on Aging) in American Samoa.

Conceptually, this is a tracking system for individuals with disabilities across the life span. This system will be a computerized system and set up to collect data from the various service agencies. The data would then be utilized for reporting purposes as well as for service planning and to substantiate grant applications.

Although this is viewed as a collaborative effort we are already running in to several problem areas. We have held a lot of meetings but then we get stuck on who is going to spend the first dollar to provide coordinate this system. We are looking in to other ways to work together but I am finding it is not easy and we are running into a lot of resistance with individuals and other agencies.

Questions & Comments

What about confidentiality issues related to a tracking system?

- ♦ In Pacific communities, this is a real issue because we all tend to know each other. Much like a small town in middle America. I spend a lot of time discussing this issue with social services and other providers in the territory.
- ♦ Hawaii has the same issues and problems with confidentiality because usually the case that is discussed we all know who it is. However, what we have been doing in terms of case presentation is to change the story a little bit and discuss the situation without giving too many specifics. It is a problem.

Confidentiality - should it really be an issue for us in the Pacific?

- ◆ On Guam we have established a Consortium for Individuals with Special Needs comprised of service providers and for profit and non-profit organizations that provide services for individuals with disabilities. We discussed a way to get rid of the confidentiality problem by having parents or individuals sign a waiver to release the information across agencies as the individual grows up and moves across services. This is one way to track that services are being offered as well as an method to keep the individual in the information loop.
- ◆ I have a very strong feeling about issues of confidentiality as a parent of a child with a disability. I have seen many cases of violation. It is not the professional sharing that I have a problem with, it is the professional irresponsibility. Yes we all live in small communities but we still need to make a commitment to professional credibility. It is the confidence of the client and the family in the professional to get things done and to do what is needed. Confidentiality gets lost when the professional becomes irresponsible with the information we have.
- ◆ The labeling of the individual often times becomes the barrier in the development of the individual with a disability. When a person becomes identified by a system they tend to be treated as an assumption, impersonally and then are only identified by the condition that they have.
- ◆ A tracking system that follows a continuum of services is good but you need to be careful that the individual does not get lost or stuck in the system developed. Parents maybe over zealous in getting their kids into service system but the child at some point in their life may decide that want out of the system. They should be allowed that right.
- ◆ Other considerations with the development of a tracking system should include: Identifying with a disability versus identifying with the person, good of the consumer or the benefit of the agency, agencies create their own barriers to access information by not communicating and being open to utilizing automation and for the purposes for the use of information - what is it used for and what it will be used for? This needs to be discussed prior to the system being implemented.

JURISDICTION ACTION PLAN DEVELOPMENT

Ms. Janet Guerrero & Dr. Kenneth Galea'i, RRTCP, SDSU

INTRODUCTION

At this point of the symposium we are asking you as jurisdiction representatives with an interest and concern about assistive technology and rehabilitation to begin to formulate a plan for how you as a jurisdiction are going to address the issues raised during this event. We are looking to you to be our guide as we attempt to discover collaborative ways, through research, training and technical assistance, to address assistive technology in the Pacific.

PARTICIPATORY ACTION RESEARCH - IMPLICATIONS FOR AT

Janet Guerrero

We are a very new Center. As you know, we are new at this process and we new as team. When we started we were moving slow because we made a conscious decision to move with purpose. It took us a long time to figure out how to do this right. This is business as unusual, definitely. We are Pacific Islanders based in a mainland university asking you in the Pacific what you want to do and how you do? More importantly, we ask how we can help.

We are committed to supporting the activities in the Pacific and we strongly believe if you as individuals from your jurisdictions don't get involved we are not going to make a difference. Over the past few days we have spent time with you gathering information and data and you all were involved in the process. Several of you were also involved in the planing of this symposium. That is another example of what we call a participatory action research model. For the past few days we have talked and you all have talked to each other and now, *What are we going to do?*

For the past few days we have learned what you all have been doing and so today, we need to focus on what we are going to do together. The RRTCP is a RESEARCH and training center. We need to do research and we need you to tell us what research you want to do and what research we are going to do together. That is the purpose of today.

The process of participatory action research (PAR) takes a lot of time. We bring you expertise in research methodology, surveys & questionnaire designs, data collection and sampling, those are the things we can offer you. You, however, are the content experts on your island and you have some idea of what the needs are going to be.

We want to utilize research to improve the quality of services for persons with disabilities and beyond that, to improve the quality of life of Pacific Islanders with disabilities. Think about it, if we can improve the quality of life for persons with disabilities we are improving the quality of life for everybody. So the challenge and partnership for us collectively is that between you and us and the resources at the San Diego State University, RRTCP, together we can make a difference.

For example, both the Hawaii and Guam AT projects have begun to utilize the RESNA consumer questionnaire to collect data on the number of inquiries that they receive for information and referral. A possible research project would be to collect the two data sets and compare the outcomes. We could find out things like the types of services being requested. For Palau, we may want to present a case to the local government to continue to fund the special education and VR programs as well as make these programs a priority as they negotiate the compact. We would need to collect data and research to prove to the legislature that these programs not only make a difference, but that the local people want these programs and we will need the money to continue to operate. With research and particularly PAR, you want to leverage the research to meet the goals of the project as well as utilize the findings to your advantage. So when we sit around and think about this...it takes time to think of what you are doing, how we can use the information gathered through research, training and technical assistance to our advantage and how together we can make a difference.

COMMENTS ON PAR - CULTURAL IMPLICATIONS

Dr. Kenneth Galea'i

One of the things that I caught yesterday was the discussion describing different ways that you thought assistive technology was working in the Pacific. As you all were describing different ways that it was working and from those practices it was clear to me that there were some cultural implications in terms of how and what you are doing with AT or rehabilitation

activities. Many of your examples are little bit different from how things are done in America and for that matter, the rest of the world.

How are we going to try and factor in cultural aspects or practices into the research that we are to do? First of all we need to get rid of the parameters that we have traditionally operated under. We need to get outside the box as we start to take a look at how research is going to impact us and you all in the different jurisdictions and the prospects of doing things differently. This difference, although not found in mainstream America, is consistent across each of your jurisdictions. It is a reflection of the Pacific Islander way of doing things.

The participatory model for research allows for cultural variances and acknowledges there are accepted patterns and ways of doing things across many cultures. Research for research sake is an accepted pattern and protocol from a traditional point of view. In our instance we are going beyond that parameter to make sure that with each different jurisdiction the research, training and technical assistance is customized and appropriate and will have the potential for impact. We ask you to help us identify your priorities and to help us identify the methodologies to reach these outcomes. We want to know what is important to you.

A. Application of the 3-R Research Process

As you all begin to develop your jurisdiction action plans you need to decide what pieces of information do you need more clarity and direction. Each of our staff has a particular area of technical assistance to offer as you further develop your action plans. Some points to consider include:

- ◆ Research Priorities - How do we prioritize our needs and the kinds of questions we want to address? How do we get to identify priorities? What questions do we need to ask?
- ◆ Research Methodology- What are some methodological concerns we want to focus on and utilize? Research Practices? How to collect data, conduct surveys and interviews, what about methodological issues regarding research? What kinds of research should we utilize - qualitative, evaluative, and what are the differences?
- ◆ Research Resources - if there are resources to be looked at what are some areas that we want to look to? What data is available? What data sets can we access on-island or in other areas.

B. Jurisdiction Team Work Sessions

Each jurisdiction team was asked to utilize the *Jurisdiction Action Plan Development form* as a guide for discussion and presentation. The members of the team were going to do this work at the symposium. Each jurisdiction was asked to share their plan of action with the group. This plan was the instrument to initiate discussions of how the jurisdiction team will collaborate to address AT locally. Each team was asked to share the outcomes with the group. The RRTCP reviewed the plans then compiled them for review, comment and final approval. The composite of the AT action plans are provided as the end of this section. Attachment 2 contains the symposium evaluation summaries and demographic data.

JURISDICTION ASSISTIVE TECHNOLOGY ACTION PLANS: A COMPOSITE

One of the many outcomes of this symposium was the development of an Assistive Technology Action Plan for each jurisdiction. The following is a compilation of the plans from CNMI, Hawaii, Guam, Samoa, FSM and Palau based on the action plan development form illustrated below.

JURISDICTION ACTION PLAN DEVELOPMENT

Within your jurisdiction teams please address the following questions and or concerns.

1. What are the three priority areas around assistive technology you would like to address?
 - ①
 - ②
 - ③
2. What two activities are required to accomplish each Priority?
 - P① a.
b.
 - P② a.
b.
 - P③ a.
b.
3. Who should be included locally to accomplish each priority?
4. Describe plans to address your priorities.
5. What are your needs/issues for research, training and technical assistance from the RRTCP.

1. What are the priority areas around AT you would like to address?

CNMI

- ◆ System Development
- ◆ Resource and Demonstration Center
- ◆ Awareness

HAWAII

- ◆ Vendor/entrepreneur development
- ◆ Training entrepreneurs
- ◆ Consumer Involvement
- ◆ Information sharing

GUAM

- ◆ To conduct demographic needs assessment - unserved/underserved
- ◆ Develop MOU's/procurement procedures/vendor
- ◆ Training board/staff/public

SAMOA

- ◆ Telestaffing/collaboration and consultation
- ◆ Assessment/recommendations for appropriate assistive devices for client use
- ◆ Networking

FSM

- ◆ Develop awareness programs in AT within all four FSM states
- ◆ Conduct research surveys after the awareness programs to find out attitudes of consumers relating to AT

PALAU

- ◆ Buying and maintaining costs
- ◆ Timeliness of procurement as well as funding
- ◆ Accessibility to House and government buildings

2. What two activities are required to accomplish each priority?

CNMI

- 1
 - a. Team approach - delineation of roles and responsibilities
 - b. Development of an assessment and delivery system
- 2
 - a. Needs assessment (include research on what's being done elsewhere)
 - b. Physical set-up
- 3
 - a. Outreach activities
 - b. Technical assistance

HAWAII

- 1
 - a. Provision of staff
 - b. Database for vendor
- 2
 - a. Curriculum
 - b. Training
- 3
 - a. Survey/final report
 - b. Recommendations
- 4
 - a. Educating and translation
 - b. Dissemination

GUAM

- 1
 - a. Identifying survey instruments example: work with DDC's survey and RTA/consumer survey
 - b. Information dissemination, example: outreach
- 2
 - a. Identify agencies and organizations, service providers
 - b. Work with interagency leadership consortium to articulate provisions, scope of MOU
- 3
 - a. Identify training modules
 - b. Work with PR committee on outreach strategies

SAMOA

- 1
 - a. Re-pilot project (6 months)
 - b. process already established
- 2
 - a. Develop tool to assess client AT needs
 - b. Provide appropriate service
 - c. Impact survey/client satisfaction survey
- 3
 - a. Creating automated database a monitoring/tracking purposes
 - b. Creating linkages through the use of Hi-tech

FSM

- 1 a. Conduct awareness workshops in AT in the 4 states
b. Develop brochures, pamphlets, and radio programs to provide awareness on AT
- 2 a. Develop research instrument and send out to the states
b. Develop research instrument and publish results

PALAU

- 1 a. Provide vendor information
- 2 a. Find ways to get funding
- 3 a. Help us in our training of service providers to work with consumers

3. Who will be included locally to accomplish each priority?

CNMI

- Consumers, community and legislative leaders, agency representatives

HAWAII

- Consumers, agencies, DBED, DLIR, SBA, legislators

GUAM

- Consumers, service providers, Advisory Board, family member, legislature, Interagency Leadership Consortium, mayor, church, MEDIA, high schools, DDC, GCPWD, NPO's, GCC, vendors, private industry, military (MMWR, Exceptional family)

SAMOA

- DVR, UAP, all service providers and consumers, Fono (legislature), vendors

FSM

- COM-FSM, RTA, Steering Committee members from each state. In order to accomplish the above mentioned priorities, funding is needed
- Need sample surveys from RRTCP to adopt to be more meaningful to FSM situation.

PALAU

- Interagency members, all ministers and programs directors, local legislature, consumers

4. Describe plans to address your priorities:

CNMI

- Meet to establish priorities and timelines for development of system. Delineation of roles and responsibilities and resources, establish commitments from contributing service agencies, and other leaders to establish a consumer-driven planning team. Legislative support and commitment to establish a system of repair and maintenance.

HAWAII

- Get financial support from SDSU
- Write proposal
- Send information already collected

GUAM

- In the development of MOU include provisions to collect data. Full media information dissemination through PR committee to the nature of the project, consumers served, expected outcomes with emphasis on benefits to consumers, incentives. Send an Advisory Board member to attend conference at CSUN, provide in service training for staff development to include local and off-island conference conduct orientation/retreat for all board members

SAMOA

- AT process plans

FSM

- COM-FSM RTA will need assistance from SD technical assistant to develop workshop plans for the four states in the FSM. Once we have a workshop plan, then the actual implementation of the awareness workshop on AT will take place. The workshop should include the development of brochures, pamphlets, posters, etc., for public awareness to be distributed to various villages and communities in the four FSM states.
- Publish the results of the surveys to be released to the leaders

PALAU

- Interagency forum - where we invite all people involved, public awareness week

5. What are your needs/issues for Research, Training, and Technical Assistance from the RRTCP?

CNMI

- Assessment instruments
- Video conferencing
- Networking/sharing
- Needs assessment, assistance of survey tools

HAWAII

- How much \$ are you going to give us to accomplish these goals

GUAM

- Assistance with survey tool
- In service training for staff and board members in preparation of surveys
- Collection of data on local vendors providing AT services
- Assistance in conducting assessments
- Technical assistance in use of video conferencing system
- Assistance in training local assessors
- To ensure that local RTA received sufficient training
- IST to conduct local training
- To assist in developing a Rehabilitation Engineering program

SAMOA

- Development of tool/instruments for assessment purposes and system development
- Establish electronic linkages for communication - local and off-island
- Assistance in data analysis/developing strategies as solutions to AT issues
- Providing resources and dissemination of information
- Long term goal: assist in developing local interest in the Rehabilitation field, college curriculum courses, certificate/2 year degree

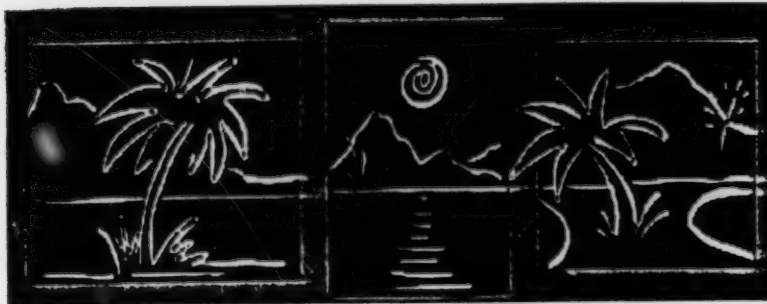
FSM

- San Diego RRTCP TA provider to work with RTA at COM-FSM to develop awareness work shop program/outreach
- RRTCP TA to provide assistance in brochures, pamphlets, video, and radio production for public awareness

SECTION 3

OUTCOMES

AND COMMITMENTS



EPILOGUE

*Dr. Ken Galea'i, Co-Director RRTCP
and Tania Huff Farley, Coordinator of Training*

The RRTCP at SDSU has agreed to assist the jurisdictions through the local RTAs, and in concert with the AT Directors of the State Tech Act Projects to implement the Jurisdiction Action Plans. Each of the participants from the symposium received a copy of the summary information (Attachment 2) and was asked to revisit the plans and inform the RRTCP of their next steps. RRTCP personnel have been in contact via conference calls on March 25th with the RTAs and March 27th with the AT Directors in the Pacific to follow-up on next steps.

At this juncture, jurisdictional teams have had limited opportunities to revisit the plans. Each RTA has been asked to share copies of the materials with the Local Steering Committee (LSC) and discuss them in their next scheduled meeting.

JURISDICTIONAL UPDATES

Some of the jurisdictions are moving ahead with AT events.

FSM - RTA will be conducting a community awareness campaign around AT and has asked for assistance in the development of a simple AT survey. This awareness event will coincide with the first LCS meeting in the FSM scheduled for April 18-19, 1996. RTA plans to have the survey translated in to the various languages of the FSM. (There are nine different dialects found in this part of Micronesia). Dr. Kenneth E. Galea'i will attend the first LSC meeting.

CNMI - The CNMI team has held discussions that may result in a modification to the jurisdiction action plan to more clearly define their needs and issues around assistive technology. The Jurisdiction Action Plan discussion is on the agenda for the next LCS meeting scheduled for April 8, 1996. The Northern Marianas College, (NMC) is currently discussing how it is or will be addressing the needs of students with disabilities in the postsecondary setting. The implications for AT services and needs of students in terms of tutorial issues, computers, accessibility issues, and the like are surfacing. There are six potential students with disabilities entering the NMC in the fall of 1996. The location for the AT demo center on the campus has been recently been revisited. This also is an agenda item for the next meeting.

American Samoa - The Telestaffing protocol and assessment issues are being revisited by the local RTA, the AT Project, and the VR program. Another attempt to test the system is in the works. The AT Project is participating in a science fair and will provide awareness and sensitivity training to fair participants, parents, and the community. The jurisdiction action plans will also be discussed at the next Local Steering Committee meeting which is scheduled for April 8, 1996.

Hawaii - A Life Skills Expo is being discussed and tentatively planned for February 1997. The HATTS program continues to examine systems change issues for the Hawaii Department of Education. The LSC will be looking at jurisdiction action plans during their next meeting to determine the next direction. The concept of the vendors and entrepreneurial conference will be incorporated into the Life Skills Expo event.

Guam - GSAT will be hosting an AT conference in May 1996. The first Local Steering Committee meeting for Guam is scheduled for May 5-6, 1996. The jurisdictional Action Plans around AT will be on the agenda for future discussion.

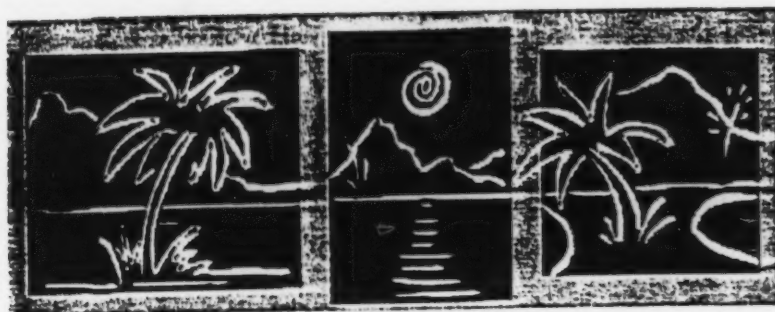
Palau : The issues of AT in Palau are beginning to be addressed on two levels. The Physical Therapy Clinic at Palau Memorial Hospital has shown an increase in patient use from 16 to 70 patients per day. There is currently only one trained physical therapy assistant. Local capacity building issues in physical therapy techniques, orientation, and services is critical. Within public schools and the Department of VR, transition and school to work issues are surfacing. Community accessibility issues, school and work access issues pose challenges to the service providers and parents of young persons

with disabilities in the Republic of Palau. The newly appointed RTA will have her work cut out for her as the LCS and members of the AT jurisdiction team meet to discuss the action plan for AT and the next steps.

RRTCP personnel are currently involved in the following activities around assistive technology:

- ♦ The development of a desktop directory of regional AT resources and vendors.
- ♦ Identifying assessment protocol with culturally relevant modifications for AT services and devices that have application across the Pacific.
- ♦ Telestaffing applications - pilot project in American Samoa and Guam.
- ♦ Design of data collection and analysis structure for the FSM Community Awareness Campaign on AT.
- ♦ RTAs were asked to identify local vendors that are approved by the government to purchase AT devices and services. This information will be included in the resource directory.
- ♦ Exploration of the concept of personal assistance services (PAS) as an approach to AT with cultural implications across the Pacific.

ATTACHMENTS



ATTACHMENT 1
SYMPOSIA INTRODUCTIONS
AGENDA & PARTICIPANT LISTING

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
LEADING THE CHALLENGE
MAY 14-15, 1995 - SAN DIEGO, CA

WELCOME

Dr. Kenneth E. Galea'I, RRTCP Co-Director

Dear Colleague:

The Rehabilitation Research and Training Center of the Pacific is proud to welcome the participants to the first Assistive Technology in the Pacific Symposium. This symposium is intended to begin the dialogue that will result in a comprehensive approach to assistive technology strategic planning for the Pacific Basin. The following is offered as an overview of the research process at the RRTCP and describes how the symposium is part of that process. What is a symposium? Webster defines the word as:

*"(a) a meeting or conference for discussion of a topic, one in which the participants form an audience and make presentations;
(b) a collection of writings on a particular topic, as in a magazine;
(c) a convivial meeting for drinking, music and intellectual discussion among the ancient Greeks."*

It is my hope that as we meet the definition of (a), by producing (b), we can enjoy together the elements of (c). In this spirit, the Assistive Technology in the Pacific Symposium is a celebration of good work and a challenge for doing better. The symposium provides a forum to produce well rounded ideas to specific issues. At the symposium we will share our perceptions of those issues from various perspectives.

The perspectives we expect to be represented at the symposium include those of the consumer, practitioner, and the researcher. The consumer perspective will bring a need for real solutions, a personal knowledge of disability, a sensitivity to the effects of disability, and a passion to address them. Service providers/ practitioners perspective is based on knowledge of a variety of applications in their jurisdictions, a reality of the constraints and barriers, and experience with disability needs and potential. The research and training center perspective is based on our skills for drawing together information, appreciation for objectivity and scientific processes, technical training and research skills, and a desire for knowledge about real solutions.

The RRTCP at San Diego State University is focused on research which provides improvements of apparent and immediate value. Qualitative

contributions to individual attainments are considered of great importance in our effort to conduct rehabilitation research for rehabilitation systems to identify, document, and determine improvements for service. The implementation of the symposium on assistive technology in the Pacific is an example of our approach to maximize involvement and participation of the consumer in the research of policies, practices, and outcomes. Our presumption is that this participation will enhance the quality, rigor, and usefulness of the research endeavor and will strengthen the partnership between the disability and research community. Our assumption about research at the RRTCP is that:

- ◆ it will be a collection of processes;
- ◆ it will deal with events, conditions, and issues as they are presently known;
- ◆ our work is interdependent with the environment, yet will be shaped by the environment in which it is applied;
- ◆ it is a way of getting a better look at the world, events, processes, and actions and, therefore, is among the techniques to influence change or introduce solutions to real world problems.

The approach in this application involves the Assistive Technology constituencies. The symposium makes use of their expertise to transfer and apply ideas, innovations, and generalized concepts to help derive the focus of prospective research and training in assistive technology. In this instance we feel the assistive technology project administrators are in a position to make accurate interpretations and applications of existing information and reliably transfer that information for people with disabilities in their jurisdictions. As these individuals learn the parameters of our research approach they will assist in communicating the potential benefit of research within the constituency they know and represent.

We have learned that substantial change in practice and policy does not occur by using a single methodology. Change occurs over time and requires a variety of methods appropriate to the readiness and capacities of organizations and individuals to adapt to and to acquire new resources, skills, and behavior required of them. The symposium is an initial approach to address these requirements. Other specific services from the RRTCP may include such activities as short-term training, on-site technical assistance, publications, and advocacy to help consumers and service providers see more consistently and efficiently, how a new way of doing things can work for them. We welcome your participation and look forward to a mutually beneficial and productive symposium.

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
LEADING THE CHALLENGE
MAY 14-15, 1995 - SAN DIEGO, CA

GOAL & OBJECTIVES

Goal

To provide a forum of communication for Assistive Technology leaders in the Pacific to discuss the issues of data management and how this information can be used for collaborative strategic planning in the Pacific.

Objectives

Participants will:

- ☐ Share their understanding of critical issues related to assistive technology in their jurisdictions.
- ☐ Identify the priority elements of a data management system for assistive technology in the Pacific.
- ☐ Discuss the strategies currently in place and begin the process for consensus towards uniformed protocol for data collection, management and synthesis.

The RRTCP will:

- ☐ Provide recent and relevant information on assistive technology assessment, data collection, communication strategies and funding for assistive technology.
- ☐ Facilitate a process for initiating a strategic plan for assistive technology in the Pacific.
- ☐ Document the initial interaction and utilize these findings for the basis of future research, training and technical assistance in the Pacific.

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
LEADING THE CHALLENGE
MAY 14-15, 1995 - SAN DIEGO, CA

Agenda

MONDAY, MAY 15, 1995

9:00 AM - 9:30 AM	WELCOME AND SESSION OVERVIEW <i>Process, Goal and Objectives</i>
9:30 AM - 10:00 AM	DATA MANAGEMENT SYSTEMS RESNA TA PROJECT
10:00 AM - 11:00 AM	NIDRR AT PILOT PROJECTS
11:00 AM - 12:00 PM	IMPLICATIONS FOR THE PROJECTS (<i>Discussion</i>)
12:00 PM - 1:00 PM	LUNCH ON YOUR OWN
1:00 PM - 3:00 PM	JURISDICTION PRESENTATIONS AMERICAN SAMOA COMMONWEALTH NORTHERN MARIANA ISLANDS FEDERATED STATES OF MICRONESIA GUAM HAWAII REPUBLIC OF PALAU REPUBLIC OF THE MARSHALL ISLANDS
3:00 PM - 3:15 PM	BREAK
3:15 PM - 5:30 PM	JURISDICTION PRESENTATIONS (<i>Continued</i>)
5:30 PM	ADJOURN

TUESDAY, MAY 16, 1995

8:45 AM - 9:00 AM	WELCOME AND RECAP
9:00 AM - 9:30 AM	PRACTICAL APPLICATIONS FOR DATA MANAGEMENT
9:30 AM - 10:45 AM	LEGISLATIVE ISSUES AND FUNDING IMPLICATIONS FOR AT
10:45 AM - 11:00 AM	BREAK
11:00 AM - 12:00 PM	IMPLICATIONS FOR THE PACIFIC (<i>Discussion</i>)
12:00 PM - 1:00 PM	LUNCH ON YOUR OWN
1:00 PM - 2:00 PM	PRACTICAL APPLICATIONS FOR AT <i>TECHNOLOGY USE AND ASSESSMENTS</i>
2:00 PM - 2:15 PM	BREAK
2:15 PM - 3:30 PM	STRATEGIES FOR DISTANCE LEARNING AND FACILITATING COMMUNICATION
3:30 PM - 5:30 PM	IMPLICATIONS FOR THE PACIFIC (<i>Discussion</i>)
5:30 PM	ADJOURN

Agenda (Continued)

WEDNESDAY, MAY 17, 1995

8:45 AM - 12:00 PM	PACIFIC BASIN AT STRATEGIC PLANNING
12:00 PM	ADJOURN

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
LEADING THE CHALLENGE
MAY 14-15, 1995 - SAN DIEGO, CA

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ASSISTIVE TECHNOLOGY IN THE PACIFIC:
FUTURE DIRECTIONS
DECEMBER 3-6, 1996 - AGANA, GUAM

Goals and Objectives

The ultimate **Goal** of this RRTCP Symposium is to provide a process for Pacific jurisdictions to look at and discuss, and to address concerns and issues impacting individuals with disabilities in need of, or already utilizing, assistive technology services and devices in the Pacific. This symposium will result in an agreed upon regional and jurisdiction specific protocol for rehabilitation research, training, and technical assistance needs and concerns regarding assistive technology in the Pacific. The symposium proposes to pull together teams of individuals from each jurisdiction who have a commitment to ensuring that the use and application of assistive technology is perpetuated within each locale. Each jurisdiction team will be intimately involved in the discussion plans, and definition of needs and issues of AT within their respective locales. The RRTCP staff will provide the mechanism and structure through which this will be accomplished. Symposium **objectives** are as follows:

- ◆ Each participant will:
 - * Be an active participant of their jurisdictional team.
 - * Share their understanding of critical issues related to assistive technology in their jurisdiction.
 - * Exchange ideas, experiences and challenges as they impact assistive technology services in their jurisdiction.
 - * Develop an understanding of related services impacting local assistive technology services from federal, state and local perspectives.
 - * Prioritize elements of local needs in the areas of assistive technology services and devices that have direct application to research, training and technical assistance.
 - * Commit to and plan for strategies and activities that will further the awareness and utilization of assistive technology services and devices at the local level.
 - * Agree to support all local efforts that will advance the quality of life issues for individuals with disabilities in and around the Pacific, including the applications of assistive technology.

- ◆ The Rehabilitation Research and Training Center of the Pacific will:
 - * Provide recent and relevant information on assistive technology services and devices at the national, regional, and local level.
 - * Facilitate a process for developing a strategic plan for assistive technology in the Pacific.
 - * Facilitate discussions and exchange ideas among people involved in the systems impacting assistive technology services.
 - * Document the interactions and utilize these findings for the basis of future research, training, and technical assistance in the Pacific.
 - * Complete and produce a document reflecting the findings of the Assistive Technology Symposium.

Symposium Outcomes

- ◆ Facilitate discussions among jurisdictions about the value of assistive technology in the life span of the individual with a disability.
- ◆ Provide an opportunity for each local Assistive Technology project to discuss current practices and exemplary findings of their projects.
- ◆ Conduct a forum on assistive technology issues impacting the region and within each jurisdiction.
- ◆ Research outcomes will evolve from discussions resulting in a regional plan for assistive technology research.
- ◆ Jurisdiction specific research needs and concerns will be solicited and will result in an action plan for implementation.
- ◆ Demonstrate a "Telemedicine/Telestaffing" activity for replication in each jurisdiction utilizing expertise from the DLTT project and Interwork Institute.
- ◆ Solidify a regional training plan based on forum discussions as related to mission and capabilities of the RRTCP. Research and training activities compliment one another.
- ◆ Enhance capacity building within each jurisdiction in assistive technology through direct involvement of constituents in the planning, discussion and implementation of jurisdiction-specific plans for AT.
- ◆ Value the diversity of the symposium participants and the unique settings/environments in which they live, work and play.
- ◆ Provide information and activities that are culturally relevant for symposium participants

Attachment 1

- ◆ Convene teams of individuals within each jurisdiction to address assistive technology within the context of their community and all its nuances, including economic constraints, political issues, social and familial practices and community attitudes.
- ◆ Compile the symposium discussions into a proceedings document for dissemination.
- ◆ Celebrate the camaraderie of our Pacific Aiga (family) and enjoy our time on Guam.

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
FUTURE DIRECTIONS
DECEMBER 3-6, 1996 - AGANA, GUAM

Agenda

MONDAY, DECEMBER 4, 1995

- Topic:* *Assistive Technology in the Pacific: A Current Perspective*
- 8:30 - 10:30 am:* WELCOME
INTRODUCTIONS & OVERVIEW
REHABILITATION RESEARCH & TRAINING CENTER OF THE
PACIFIC AT SAN DIEGO STATE UNIVERSITY
- 10:30 - 10:45 am:* BREAK
- 10:45 - 12:00 am:* WHERE ARE WE AT WITH AT IN THE PACIFIC?
A REVIEW
QUESTIONS/DISCUSSION
- 12:00 - 1:00 pm:* LUNCH
- 1:00 - 2:45 pm:* STATUS OF AT IN THE PACIFIC
JURISDICTION PRESENTATIONS
American Samoa
Hawaii
Marshall Islands
Palau
- 2:45 - 3:00 pm:* BREAK
- 3:00 - 4:45 pm:* STATUS OF AT IN THE PACIFIC
JURISDICTION PRESENTATIONS
Federated States of Micronesia
Northern Mariana Islands
Guam
- 4:45 - 5:00 pm:* WRAP UP/DISCUSSION

TUESDAY, DECEMBER 5, 1995

- Topic:* *Current and Successful Strategies for Assistive Technology in the Pacific*
- 8:30 - 9:00 am:* WELCOME AND REVIEW
- 9:00 - 10:30 am:* TELESTAFFING - APPLICATION & DEMONSTRATION
- 10:30-10:45 am:* BREAK
- 10:45 am - 12:00 pm:* TELESTAFFING CONTINUED
- 12:00 - 1:00 pm:* LUNCH
- Topic:* *Pacific Practices in Assistive Technology*

Agenda (continued)

1:00 - 1:45 pm:	"THE ENTREPRENEURIAL SPIRIT IN AT " HAWAII
1:45 - 2:30 pm:	"POSITIVE SYSTEMS CHANGE THROUGH A CONSUMER DRIVEN ADVISORY BOARD" GUAM
2:30 - 2:45 pm:	BREAK
2:45 - 3:30 pm:	"COMMUNITY INVOLVEMENT, COLLABORATION & INCLUSIVE RECREATION ACTIVITIES" NORTHERN MARIANA ISLANDS
3:30 - 4:15 pm:	TBA AMERICAN SAMOA
4:15 - 5:00 pm:	WRAP UP/DISCUSSION QUESTIONS AND ANSWERS

WEDNESDAY, DECEMBER 6, 1995

Topic:	<i>Future Directions for Assistive Technology in the Pacific: Jurisdiction Action Plan Development</i>
8:30 - 9:00 am:	WELCOME AND REVIEW WHAT HAVE WE LEARNED SO FAR?
9:00 - 10:00 am:	PARTICIPATORY ACTION RESEARCH: IMPLICATIONS FOR ASSISTIVE TECHNOLOGY WHERE DO WE WANT TO GO?
10:00 - 10:45 am:	BRAINSTORMING FOR INVOLVEMENT GUERRERO 3-R PROCESS JURISDICTION TEAM WORK SESSIONS
10:45 - 11:00 am:	BREAK
11:00 am - 12:00 pm:	HOW ARE WE GOING TO GET THERE? RESEARCH - ROTATION - ROUND TABLE
12:00 - 1:00 pm:	LUNCH
1:00 - 2:30 pm:	ACTION PLAN PROCESSING JURISDICTION WORK TEAM PROCESSING
2:30 - 2:45 pm:	BREAK
2:45 - 3:45 pm:	HERE IS OUR PLAN JURISDICTION PRESENTATIONS
3:45 - 5:00 pm:	WRAP UP/DISCUSSION EVALUATIONS & TRAVEL FORMS

ASSISTIVE TECHNOLOGY IN THE PACIFIC:
FUTURE DIRECTIONS
DECEMBER 3-6, 1996 - AGANA, GUAM

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ATTACHMENT 2

SYMPOSIUM EVALUATION & DEMOGRAPHIC DATA

DEMOGRAPHIC & EVALUATION SUMMARIES

The following contains demographic information for participants of the Assistive Technology Symposium. Also included are summary statistics from evaluation forms submitted by participants. Thirty-three people from all jurisdictions across the Pacific attended the symposium and we received 20 evaluation forms.

ETHNICITY				
Value Label	Value	Frequency	Percent	Valid Percent
Chamorro	2	5	15.2	15.2
Samoan	3	4	12.1	12.1
Marshallese	4	1	3.0	3.0
Caucasian	5	5	15.2	15.2
African American	6	2	6.1	6.1
Japanese	9	2	6.1	6.1
Micronesian	10	5	15.2	15.2
Palauan	11	4	12.1	12.1
Other	12	2	6.1	6.1
Filipino	13	3	9.1	9.1
Total		33	100.0	100.0
GENDER				
Male	1	17	51.5	51.5
Female	2	16	48.5	48.5
Total		33	100.0	100.0
RESIDENCE				
American Samoa	1	3	9.1	9.1
Northern Marianas	2	9	27.3	27.3
Guam	3	9	27.3	27.3
FSM	4	4	12.1	12.1
Hawaii	5	4	12.1	12.1
RMI	6	1	3.0	3.0
Palau	7	3	9.1	9.1
Total		33	100.0	100.0
DISABILITY				
No	0	19	57.6	57.6
Yes	1	14	42.4	42.4
Total		33	100.0	100.0

EMPLOYER TYPE

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
State VR	2	5	15.2	15.2
IL Center	3	4	12.1	12.1
Special Education	4	4	12.1	12.1
Public Health/Hospital	5	2	6.1	6.1
Higher Education	6	7	21.2	21.2
DDPC or DDC	8	4	12.1	12.1
Other	9	7	21.2	21.2
Total		<u>33</u>	<u>100.0</u>	<u>100.0</u>

POSITION

Consumer	1	4	12.1	12.9
Admin/Manager	2	10	30.3	32.3
Educator	3	5	15.2	16.1
Supervisor	4	4	12.1	12.9
Case Worker	6	2	6.1	6.5
Other	7	6	18.2	19.4
	9	2	6.1	Missing
Total		<u>33</u>	<u>100.0</u>	<u>100.0</u>

The evaluation form provided to the participants consisted of the following three parts.

PART A: RATING ACTIVITIES

Rating this Activity, involved rating the presenters, format, and presentations. The rating scale for Part A is as follows:

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
5	4	3	2	1

PRESENTER(S) WAS/WERE EFFECTIVE

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Neutral	3	1	5.0	5.0
Agree	4	11	55.0	55.0
Strongly agree	5	8	40.0	40.0
Total		<u>20</u>	<u>100.0</u>	<u>100.0</u>
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.35	.59	3	5	20

PARTICIPANTS HAD AN OPPORTUNITY TO CONTRIBUTE

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Agree	4	2	10.0	10.0
Strongly agree	5	18	90.0	90.0
Total		20	100.0	100.0
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.90	.31	4	5	20

PRESENTATION WAS WELL ORGANIZED

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Neutral	3	1	5.0	5.0
Agree	4	11	55.0	55.0
Strongly agree	5	8	40.0	40.0
Total		20	100.0	100.0
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.35	.59	3	5	20

ACTIVITY CONTENT WAS RELEVANT TO MY JOB

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Neutral	3	1	5.0	5.0
Agree	4	5	25.0	26.4
Strongly agree	5	13	65.0	68.4
	9	1	5	missing
Total		20	100.0	100.0
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.63	.60	3	5	19

LENGTH AND PACE WERE APPROPRIATE

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Neutral	3	4	20.0	20.0
Agree	4	10	50.0	50.0
Strongly agree	5	6	30.0	30.0
Total		20	100.0	100.0
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.10	.72	3	5	20

ACTIVITY OBJECTIVES WERE MET

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Agree	4	10	50.0	55.6
Strongly agree	5	8	40.0	44.4
	9	2	10.0	missing
Total		20	100.0	100.0
<u>Mean</u>	<u>Std Dev</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Valid N</u>
4.44	.51	4	5	18

Part B: Perceived Impact of Activities

To what degree did the activities have a positive effect on themselves, their organization, and the clients served by the rehabilitation services system. The rating scale for this section is as follows:

<i>Considerable</i>	<i>Some</i>	<i>Little or None</i>	<i>Not Relevant</i>
5	4	3	2
			1
			0

POSITIVE EFFECT ON MY PROFESSIONAL KNOWLEDGE, ABILITIES, AND SKILLS

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Little or None	2	1	5.0	5.0
Some	3	1	5.0	5.0
Considerably	4	8	40.0	40.0
	5	10	50.0	50.0
Total		20	100.0	100.0

POSITIVE EFFECT OF THIS ACTIVITY ON MY ORGANIZATION

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Some	3	4	20.0	21.1
Considerably	4	6	30.0	31.6
	5	9	45.0	47.4
	9	1	5.0	missing
Total		20	100.0	100.0

POSITIVE EFFECT OF THIS ACTIVITY ON CLIENTS SERVED IN THE REHABILITATION SERVICES SYSTEM

<u>Value Label</u>	<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>
Little or None	2	1	5.0	5.3
Some	3	2	10.0	10.5
Considerably	4	5	25.0	26.3
	5	11	55.0	57.9
	9	1	5.0	missing
Total		20	100.0	100.0

PART C: COMMENTS

Below are verbatim responses to the following questions.

1. What were the strengths of the activity?

- ◆ "Materials discussed/presented were culturally appropriate for the jurisdictions and were coordinated"
- ◆ "Each jurisdiction got to participate and express their needs, wants, wishes and concerns. I felt that the CNMI was not alone and that with collaboration between jurisdictions, help was out there"
- ◆ "Group discussions, various presentations from different entities and service providers; interactions and sharing information"
- ◆ "The opportunity to network with other Pacific Basin Jurisdictions and to share ideas and concerns on AT"
- ◆ "The time allotted for sharing information and best practices was extremely valuable for me"
- ◆ "Were able to integrate with other professionals with common problems. Very Effective!!"
- ◆ "Discussion about programs that are working already; discussion of low tech being made on island; ID of shared needs/problems/concerns; process itself shows how much we already are doing; 10 minute resource meetings"
- ◆ "Networking"
- ◆ "The presentation of each group and their remarks from on islands. Also, as professional we come to understand each other better"
- ◆ "Participation of groups from different jurisdictions"
- ◆ "More participation through small groupings"
- ◆ "Group activities-transportation, needs, wants, and wishes"
- ◆ "Networking within the Pacific Islands. Participation by all islands was insured through activities"
- ◆ "For a new teacher the information I have absorbed in the course of these three long days have made a difference in what I perceive as the Special Education Program. I think my vision has deepened as I feel and understand more, I am a believer in Construction and Cooperation/Collaborative group strategies in solving problems--and this was one of the best ways to get to know each jurisdiction's

representatives and reassure that we are not alone in our struggles. It's comforting and inspiring to know that there is a way to acquire support when needed"

- ◆ "Organizers/presenters were knowledgeable"
- ◆ " 1) Symposium presentations and format are excellent and 2) Kenneth's communications and presentations skill are excellent"
- ◆ "Get to know each other from each jurisdiction"
- ◆ "The human aspect in dealing with issues was very good. Sharing sources and problems from other entities"
- ◆ "Networking, outcomes that seem to be possibilities"

2. What were the weaknesses of the activity?

- ◆ "Very long days"
- ◆ "Technical difficulty. The unfortunate problem of not connecting with SDSU through the new teleconferencing. (Audible) system"
- ◆ "No Braille for vision impairment"
- ◆ "Planned breaks should be included; more specific time spent on development of jurisdictional plans; less need for summing up information"
- ◆ "Sitting long periods of time needs occasional change of pace even when presentations are good; example jurisdiction presentations"
- ◆ "Some of the presentations too long. Or seem interest only their areas. But I believe that we will speak about islands and Pacific islanders"
- ◆ "To provide examples and presentations relevant to our situation in the FSM"
- ◆ "Provide more meaningful examples"
- ◆ "Failure of telestaffing technology"
- ◆ "The equipment did not work as expected"
- ◆ "Length of workshop days (too long at times, but you had good chances for participants to take breaks)"
- ◆ "GSAT should have ??? Sitting arrangements and audio setup as such that communicating with other participants was not maximize"
- ◆ "Money"

- ◆ "More information about the agenda ahead of time. Expectations of Directors better clarified. Too much selling of yourselves. No need to summarize. 1/2 to 1 day"

3. What changes would you recommend?

- ◆ "Really this is the best way to approach this situation"
- ◆ "Not much except using a meeting room which is not next to a service corridor that is noisy from carts traveling back and forth"
- ◆ "Centralize for traveling purpose"
- ◆ "Please bear in mind that assumptions should not be made about ethnic, racial, or cultural variations. Perhaps emphasis could be placed on how positive it is that there are so many indigenous Pacific Islanders participating but we feel that our diversity is one of our strengths, not barriers."
- ◆ "Just change of pace occasionally"
- ◆ "Local community and local leaders will take part-- program will meet needs of the disabled people as well as family"
- ◆ "To have presentations more relevant to the situation in the FSM"
- ◆ "More opportunities to look at common problem(s)/goal(s) and problem-solving sessions where the islands can work together to come up with solutions to those issues"
- ◆ "Location FSM"
- ◆ "Have the RTA meetings in the Pacific, different site each year"
- ◆ "Include local experts and pay them. Why so much emphasis on research? Do you intend to focus on training and if so when?"

4. Other comments

- ◆ "More meetings/training between Pacific jurisdictions are recommended to address similar issues in rehabilitation through collective/individual participation"
- ◆ "Please continue to use the participatory model. It's wonderful!"
- ◆ "For Guam VR I felt that the counselors or a legitimate Rep from VR should have been here-the people who have direct contact with consumers. The director has no contact with IWRPs as he indicated"

- ◆ "I'm not sure, or maybe as a consumer or service provider we might going into training again, but not really help people we suppose to help"
- ◆ "On behalf of the GSAT Board we are thankful for the opportunity to host, network, and to become friends with our colleagues of the Pacific"
- ◆ "Glad we were able to pull this together. Fruitful outcomes. Looking forward to working together to implement. Next focus vendors/entrepreneurs. Not large problems-break down into small parts. I think your action plan did that. The whole purpose of the three days was to break down "huge" barriers into manageable action plans-why did you make it sound so impossible?"